

TABLE OF CONTENTS  
PAGE i

DEFINITIONS .....	1
1. LOCAL EMPLOYMENT SERVICES PLAN .....	5
2. PROGRAM FLOW .....	6
3. EXEMPTIONS .....	<b>8a</b>
4. ASSESSMENT .....	9
A. Scheduling the Initial Assessment .....	9
B. Initial Assessment Procedures .....	10
C. Agreement of Personal Responsibility .....	13
D. Two-year Time Limitation .....	14
5. ACTIVITY AND SERVICE PLAN .....	14
6. SUPPORTIVE SERVICES .....	<b>15a</b>
7. PROGRAM COMPONENTS .....	19
A. Recipient Job Search .....	19
B. Job Readiness .....	23
C. Work Activities .....	23
1) Unsubsidized Employment .....	23
A. Job follow-up	
B. Retention and Upgrading	
2) Subsidized Employment - Full Employment Program (FEP) ...	27
3) Community Work Experience .....	35
4) On the Job Training .....	40

TABLE OF CONTENTS  
PAGE ii

D. Education Below Post-Secondary Level.....	40
E. Post-Secondary Education.....	42
F. Self-Initiated Education.....	43
G. Job Skills Training.....	44
H. Self-Initiated Training.....	46
I. Job Development and Job Placement.....	47
J. INACTIVE .....	48
K. PENDING.....	49
8. TARGETED EMPLOYER GRANT (TAG) ( <b>Obsolete</b> ).....	49
9. REASSESSMENT.....	52
10. PARTICIPATION .....	53
11. TERMINATION OF TANF BENEFITS.....	57
12. SANCTIONS.....	58
13. COMPLIANCE.....	65
14. TRANSFERS .....	66
15. TRANSITIONAL SUPPORTIVE SERVICES.....	66
16. CONTRACTS.....	67
17. PARTICIPANTS WHO LEAVE THE VIEW PROGRAM AND RETURN PRIOR TO THE END OF THE TWO YEAR PERIOD.....	70
18. HARDSHIP EXCEPTIONS.....	70

TABLE OF CONTENTS  
PAGE iii

19. APPEALS.....	76
20. HEARINGS.....	77
APPENDIX A	VIEW FORMS
APPENDIX B	CONTRACT DEVELOPMENT CHECKLIST
APPENDIX C	STANDARD OPERATING PROCEDURES GUIDE
APPENDIX D	VIEW ANNUAL PLAN
APPENDIX E	VIEW BROCHURES
APPENDIX F	VIEW DISPLACEMENT GRIEVANCE FORM

## DEFINITIONS

The following words and terms, when used in this policy, shall have the following meaning:

Adult basic education (ABE) - remedial or other instructional activities aimed at enhancing basic educational performance levels including reading, writing and mathematics.

Agreement of Personal Responsibility (APR) - the written individualized agreement of personal responsibility required by the Code of Virginia 63.1-133.49 and this policy.

Applicant - a person who has applied for TANF or TANF-UP benefits and the disposition of the application has not yet been determined.

Basic Literacy level - a literacy level that allows a person to function at a level equivalent to at least grade 8.9.

Case Management - the process of assessing, monitoring, coordinating, delivering and/or brokering activities and services necessary for VIEW participants to enter employment or employment related activities as quickly as possible.

Case Management Services - services which include, but are not limited to, job development and job placement, community work experience, education, skills training and support services.

Case Manager - the worker designated by the local department of social services, a private sector contractor or a private community-based organization including non-profit entities, churches, or voluntary organizations that provide case management services.

Child day care program - a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 (or children up to 18 years of age if they are physically or mentally incapable of caring for themselves or subject to court supervision) for less than 24 hour period.

Child day care services - the arrangement and/or purchase of day care for children to assist eligible families to obtain or maintain employment, education or training.

Community work experience - to work for benefits in a public or non-profit agency.

Component - one of several activities in which a person may participate while in the VIEW Program.

Department - the Virginia Department of Social Services.

**Disability: A physical, developmental, cognitive or mental health condition or learning disability that limits the ability of the individual to perform life activities. "Life activities" include, but are not limited to: walking, talking, sitting, standing, lifting, seeing, hearing, speaking, learning, understanding, sleeping, eating, taking care of oneself, functioning independently, concentrating, and working. Individuals with chronic health problems such as asthma, diabetes, and hypertension may also be included, if these conditions limit the individual's ability to function. Such a disability must be verified by a qualified professional.**

A child has a disability if he or she has a physical developmental, cognitive or mental health condition or learning disability that limits the ability to perform any of the activities listed above, or other activities, as compared with other children of the same chronological age.

Displacement – when a TANF recipient participating in the Full Employment Program (FEP) or Community Work Experience Placement (CWEP) fills a vacancy that exists because another individual is on layoff from the same or equivalent job; when a participant fills a vacancy created by an involuntary reduction in the work force or by the termination of another employee for the purpose of filling a vacancy with a VIEW participant.

Earned income disregards - a certain amount of earned income which is not counted when determining the amount of the TANF benefit.

Earned Income Tax Credit – earned income tax credits received as advance payments or refunds from federal taxes due.

ESW - Employment Services Worker, may be a local DSS worker or anyone who meets the definition of case manager. In some agencies it may be a worker who is responsible for the administering of VIEW and benefit programs.

EW - Eligibility Worker.

Exempt – status of a TANF or TANF-UP applicant or recipient who meets one of the Virginia Initiative for Employment not Welfare ( VIEW ) program exemption criteria and, therefore, is not required to participate in VIEW in order to be eligible for public assistance.

Full Employment Program (FEP) - subsidized, training oriented employment, that replaces TANF benefits with wages paid by an employer. This employment is designed to train the recipient for a specific job, increase his self-sufficiency and improve his competitiveness in the labor market.

Full-time unsubsidized employment - employment which is considered by the employer to be full-time, but in no case less than 30 hours per week and for which no government funds are used to subsidize the individual's salary.

Good Cause – a circumstance when a VIEW participant was unable to comply with program requirements due to circumstances beyond his control. This is determined by an evaluation done by the worker responsible for the VIEW program.

Grant - the monthly TANF benefit payment.

Hardship exception - prescribed reasons which, if applicable, would allow an extension of receipt of TANF benefits.

Household member - Any child or adult residing with the applicant/recipient. The individual need not be a member of the applicant/recipient's assistance unit to qualify as a household member.

Job development - Locating job openings which fit the needs and qualifications of participants. Job development may also involve job creation through the provision of employer tax credits and subsidies for on-the-job training.

Job Finding – the identification of available and appropriate jobs.

Job follow-up – the process of tracking wages and hours of employment monthly and providing case management services to assist with job retention and upgrading.

Job matching - matching a participant's skills and/or prior work experience to available job openings.

Job placement - placing a participant in a unsubsidized or subsidized job. Job placement is the result of job finding and job matching.

Job Search - a structured time limited period in which the participant is required to search for and obtain employment. In order to complete the job search, the participant is required to search, find and apply for a set number of jobs.

Job skills training - training in technical job skills or required knowledge in a specific occupational area in the labor market.

Job Training Partnership Act (JTPA) - the Act and organization that prepares economically disadvantaged youth and adults for entry into the labor force.

Legally operating child day care providers - includes all providers regulated by the Department of Social Services, Division of Licensing, city approved providers, county approved providers, local agency approved providers, and providers who are legally exempt from regulation based upon the number and ages of children in care or because the provider is a relative caring only for relatives.

Limited English proficiency - limited ability in the English language by a person whose native language is one other than English or by a person who lives in a family or community environment where a language other than English is the dominant language.

Local agency or local department - any one of the local social services or welfare agencies throughout the Commonwealth which administers TANF and VIEW, its' work program.

Local Annual Plan - a yearly plan submitted to the department by each local agency which describes the locality's VIEW plan.

Making good progress and satisfactory progress - participant in any education or training activity is meeting on a periodically measured basis of less than one year, such as a term or quarter, a consistent standard of progress based on written policy as developed by the educational institution or training agency.

On the job training – paid or unpaid training which is provided by an employer during the performance of a job by a VIEW participant.

Participant - a TANF or TANF-UP recipient who has signed the Agreement of Personal Responsibility and is participating in the VIEW program.

Part-time unsubsidized employment - employment of at least eight hours but less than 30 hours per week and for which no government funds are used to subsidize the individual's salary.

Pending status - a status to which participants are assigned when they cannot move immediately into a component.

Post-secondary education - a program of post secondary instruction offered by an institution of higher education as determined by the Secretary of Education to meet the Higher Education Act of 1965.

Queue – the list of TANF recipients who are referred by the eligibility worker for mandatory participation in the VIEW program.

Sanction - to suspend a participant's TANF grant and or/food stamp allotment for noncompliance with this program.

Satisfactory participation – attending all the hours assigned to an activity during the month. In the instance of job search, the completion of all required job search contacts.

Self-Initiated - a participant who has enrolled in post-secondary or skills training activities prior to enrollment into the VIEW program.

Standard Operating Procedures (SOP) – guide by which each locality administers the VIEW program specific to their program design.

Support services - services such as child care and transportation provided to program participants to enable the participant to work or to receive training or education which are intended to lead to employment.

Termination – closure of the TANF case for failure by a mandatory VIEW recipient to sign the APR.

Temporary Assistance for Needy Families (TANF) - the cash assistance program for families with children in Virginia, which is based on Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA).

Time limitations - a specified period of time enacted by state and federal statute in which to receive TANF

Transitional support services - child care, transportation, employment and training and Medicaid provided to a VIEW participant whose TANF case has been closed.

Unsubsidized employment - employment in which no government funds are used to subsidize the wages earned by a participant.

Virginia Independence Program - welfare reform initiatives implemented in 1995, including VIEW, which is part of TANF.

Virginia Initiative for Employment Not Welfare or "VIEW" – the Commonwealth's employment services program for TANF recipients who are required to participate. It was implemented in 1995 as part of the Virginia Independence program (VIP) to assist participants in attaining self-sufficiency

Vocational Education – certificate/associate degree programs or skills training offered in a public school setting with a specific employment goal

Work Activity - participation in unsubsidized employment, FEP, on-the-job training, or community work experience for at least the minimum federally required hours per week.

## 1. LOCAL EMPLOYMENT SERVICES PLAN

The Virginia Initiative for Employment not Welfare (VIEW) program is designed with emphasis on work first in conjunction with education and training when it may enhance the participant's ability to become self-sufficient. The program goals are to offer Virginians living in poverty the opportunity to:

- Achieve economic independence by removing barriers and disincentives to work by providing positive incentives to work;
- Obtain work skills necessary for self-sufficiency;
- Allow families living in poverty to contribute materially to their own self-sufficiency;
- To set out the responsibilities of and expectations for recipients of public assistance;
- Obtain work experience through the VIEW program.

All plans and program designs submitted to the state should be clear in that intent.

### A. Description

Each local agency will submit an annual VIEW plan\* to the Regional TANF Specialists by July 1<sup>st</sup> of each year for approval. This date will allow for localities to have received notification of the next year's VIEW allocation. The plan will describe the locality's VIEW Program, and will include the following:

- 1) A description of the VIEW population;
- 2) The employment needs of the population;
- 3) Information regarding local labor market trends;
- 4) A plan of participation by component; and
- 5) Standard operating procedures **are optional** (guide can be found in Appendix C) which should identify expected outcomes such as the number of participants served, the number employed, average wage, etc.

### B. Requirements

- 1) Each local agency must prepare an annual VIEW plan according to VIEW planning guidelines issued by the State Department of Social Services.

\* Virginia Administrative Code 22 VAC 40-760-30



- 2) Changes to the local annual VIEW plan are allowable for the following reasons:
  - a) Changes to planned number of participants to be served and/or changes to planned expenditures of 15% or more;
  - b) Any substantial changes to program design i.e. the local agency adds or drops an optional program component;
  - c) Changes to planned program outcomes such as entered employment rate/retention rate or average wage.
- 3) The local agency may submit a change to the local plan only during the first 30 days of each quarter. The local agency may only change the planned participation and planned expenditures for the quarter in which the change is submitted and for future quarters.
- 4) The local agency will send changes to local plans to the Regional Specialist for approval. The Regional Specialist will send copies of the approved changes to the local plan to the Central Office.
- 5) All local plans must be submitted to the ESP Regional Specialist for review and final approval. No reimbursements for locality expenditures will be granted without final approval of the local plan.
- 6) Locality request for additional funds will be approved based on meeting or exceeding the performance measures in the local plan.

## 2. PROGRAM FLOW

- A. The ESW will **complete the assessment of** the participant within 30 days of the referral from eligibility. **If possible, further assessment by a qualified professional, if necessary, is to be completed within 30 days following the completion of a screening.**

**The ESW must offer screening of disabilities to individuals within the first 90 days in VIEW and:**

- **At the initial assessment;**
- **Whenever an individual discloses the existence of a disability;**
- **Whenever an individual provides other information that indicates that he/she has or may have a disability**
- **At any other time when the individual appears to be having difficulty with entering or maintaining employment or VIEW program participation.**

**The worker must also screen an individual for disabilities whenever an individual requests such screening.**

**If a determination regarding a disability has been made by a qualified professional, it is not necessary to obtain a second assessment for the same disability.**

If the screening indicates that the individual is likely to have a disability that affects compliance with VIEW program rules, the worker must:

- Give the individual an opportunity to obtain current documentation or a current evaluation from a qualified professional that describes the nature and severity of the individual's disability, its effect on the ability to participate in work activities and comply with other program rules, the accommodations, if any, needed by the individual to participate in work activities or fulfill other program requirements, and the length of any necessary treatment. Such documentation must be provided in 30 days or in a time frame agreed upon by the client and worker. If the client makes the appointment, the client must provide the appointment date to the worker. The activity and service plan must include the follow-up activities required as a result of the screening and assessment.
- The ESW will arrange for the individual to receive an evaluation from a physician or other appropriate professional. If the assessment or evaluation is not covered by Medicaid or other sources, the cost of the evaluation is payable from administrative funds. The agency may request additional information or a second assessment from another source if there are questions about the original diagnosis.

Prior to conducting screening and, if necessary, referring the individual for an assessment, the worker must inform individuals that screening and assessment are voluntary, screening and assessment may help determine what the individual can and cannot do, and what he needs, who the screening and evaluation results will be shared with, and that having a disability or other barrier does not disqualify an individual from getting benefits or from participation.

- B. During the assessment, the ESW will inform the participant of the VIEW program requirements.
- C. During the assessment, the ESW will determine the following:
  - 1) The types of jobs a participant could get immediately without the need for further skills training or education.
  - 2) The types of Full Employment work-sites or community work experience sites available to the participant.
  - 3) Possible jobs which the participant could obtain after two years with the provision of VIEW program activities.
  - 4) The participant's need for supportive services.
  - 5) The abilities of the individual.
  - 6) Whether the participant has a disability and whether accommodations are needed.
- D. The participant and ESW will sign an Agreement of Personal Responsibility.

E. During the initial assessment, the ESW will assign the participant to either of the following for 30 days:

- 1) Individual Job Search; or
- 2) Group Job Search/Job Club.

Job readiness can be offered as a separate activity or as part of individual job search. Job readiness must always be included in any group job search. Job readiness may be offered before, during or after the initial assignment to job search.

F. If the participant obtains full-time employment (30 hours a week or more), he will not be required to participate in other VIEW activities while he is employed full-time, unless he is a member of a TANF-UP household whose minimum weekly requirement is 35 hours. The participant is still required to respond to any correspondence from the ESW and to show up for his reassessments.

G. If the participant obtains part-time employment, which is anything less than 30 hours per week, he will also be required to fully participate in activities designed to help him obtain full-time employment. He may also be assigned to education or skills training in conjunction with employment. He shall be assigned to activities that total at least 30 hours a week (or 35 hours a week if a TANF-UP participant).

**The total number of hours of work activities the individual is required to participate cannot exceed the number that the individual is able to perform, based on the Medical Evaluation Form.**

**If an individual is assigned to a second activity, the worker should determine whether any reasonable accommodations or support services are necessary for the individual to participate in the activity. If any reasonable accommodations or support services are necessary, they should be identified in the Activity and Service Plan, and the worker should arrange for them to be provided.**

H. If the participant has not obtained unsubsidized full or part-time employment at the completion of the job search component, he will be reassessed and placed into a work activity (ex.) the Full Employment Program (FEP), on-the-job training, or Community Work Experience (CWEP), no earlier than the 90th day and no later than the 95th day after assignment to the queue.

I. When the assignment is to the community work experience component, the initial assignment will be for 6 months and will be reassessed after 3 months. The ESW should work with the work site to determine their needs; the participant may require a series of work sites if six months is not available at one site.

J. At the expiration of the community work experience period or the Full Employment agreement, the ESW will reassess the participant and assign him to the same or another component.

- K. During reassessment, the ESW will determine why the participant has not yet obtained unsubsidized employment. If further education and or training is required, the ESW will assign the participant to the appropriate activities. All participants assigned to education and training activities must also participate in a concurrent work activity.

**This determination will include an exploration of whether any barriers, including a verified disability, limited English proficiency, lack of reasonable accommodations or support services, or other barriers, are preventing the individual from searching for or obtaining unsubsidized employment. Unless a disability determination has already been done, the ESW may offer the individual screening to determine whether any disabilities may be preventing the individual from obtaining unsubsidized employment, and, if the screening indicates a possible disability, referral to a qualified professional for an in-depth disability evaluation.**

**The Activity and Service Plan should be revised and updated to reflect needed accommodations and support services.**

- L. Sixty days prior to the end of the participant's two-year time period, the ESW will assess and assign the participant to Individual Job Search, Group Job Search, or Job Club.
- M. A participant can apply for a hardship exception during the 60-day period prior to the end of the two-year time period. Participants eligible for a hardship exception will have their TANF benefits extended.
- N. Participants granted a hardship exception will be reassessed as discussed in section 18 of this chapter. The ESW will determine if the condition for which the hardship exception was granted still exists.

3. EXEMPTIONS – Please refer to Section 901.2.

#### 4. ASSESSMENT

##### A. Scheduling of the Initial Assessment

- 1) The ESW will assess the participant within 30 days of his assignment to the queue.
- 2) The assessment will be an individual, face-to-face interview between the participant and the ESW.
- 3) The ESW will send the participant a letter informing him of the date of the assessment interview.
- 4) The letter will explain that appearance for the interview is a condition of continued eligibility for TANF and that the consequence of not attending the interview at which the APR is to be signed, may be termination. The letter will also tell the participant how to contact the ESW, and notify the individual that he must contact the ESW if he is unable to come to the interview or if he needs to reschedule the appointment. **All participants will have their initial assessment interviews scheduled at a time that does not conflict with medical/mental health/other treatment appointments, to the greatest extent possible.**
- 5) Employed participants will have their initial assessment interviews scheduled at a time that does not require them to miss work. Workers should take into consideration the participant's work schedule when scheduling appointments and if necessary, meet with the participant at a location outside of the agency

which is mutually agreeable.

- 6) If the participant does not appear for the interview, the ESW **must attempt to contact the participant verbally. If the ESW determines that the participant did not have good cause for missing the appointment or is unable to contact the participant** the ESW will send a written communication to the EW to send an Advance Notice of Proposed Action to the participant within three working days of the missed appointment. The notice will state that the participant must contact the ESW within 10 days from the date of the notice or the participant household's TANF benefits will be terminated. The notice will inform the participant of the good cause process. (See Good Cause for Failure to Participate in Sanctions, section 12 of this policy.)
- 7) If the participant does not contact local agency staff, as designated on the Advance Notice of Proposed Action, within 10 days of the date of the notice, **the agency will take action to terminate the case. However, if the client signs the APR prior to the effective date of the Advance Notice of Proposed Action to close the case, the case will not be closed.**

Exception: When the signing of the APR is a condition of TANF eligibility and the participant does not keep the initial assessment appointment and does not have good cause, after having signed the APR, the household will be sanctioned, not terminated.

- 8) Documentation on either the contact sheet or in the case narrative should reflect all correspondence and contacts with the participant and any collateral contacts made beginning with the scheduling of the initial assessment. Included in the recordings should be the date, the name of the person contacted, the method of contact (i.e. telephone, office visit, etc.) and brief description/ summary of the contact.

#### B. Initial Assessment Procedures

- 1) Each locality will establish assessment procedures which include:
  - a) An identification and evaluation of the participant's occupational skills, education, proficiencies and deficiencies. The assessment should focus on the skills the participant already possesses that would allow him to obtain immediate employment. The VIEW Assessment Form or an assessment tool that has been approved by the regional coordinator, must be completed on each participant.
  - b) A determination of the participant's functional literacy. If a participant does not have a GED, Associate degree or a Bachelor's degree he will be tested to determine his functional literacy level using the University of Texas "Information Sheet" test found in the forms section of this policy or another literacy assessment tool such as the Test of Adult Basic Education (TABE). He must be tested within 90 days of the referral from the EW. Either the ESW or a service provider can conduct the testing. Prior test

scores, such as TABE, which establish an approximate educational/basic literacy level, if within the past year, can be used in place of the "Information Sheet" test.

- c) A detailed evaluation of child care and other supportive service needs.
- d) A plan for monitoring of the participant's progress while he is participating in activities.
- d) An initial identification of the type of community work experience or Full Employment site needed by the participant if unsubsidized employment is not found.
- e) **Screening for disabilities that may interfere with the person's ability to comply with VIEW participation and/or engage in employment. All VIEW participants must be offered screening for learning disabilities, mental health disabilities, and alcohol and substance abuse within 90 days of signing the APR. The local department must use valid screening tools. Examples can be found in "Screening for Employment Barriers: Issues and Tools." Where there is an indication of a physical or mental impairment, including a learning disability, then the recipient will be consulted and, if it is acceptable to the recipient, the ESW will make a referral for an assessment. Screening and assessment, if needed, may also occur at any time that there is any suspicion or evidence that such problems may be affecting the person's ability to meet VIEW requirements. If a participant chooses not to be screened, then the VIEW participant must engage fully in VIEW requirements.**

**If an assessment indicates the existence of a disability, the Activity and Service Plan must be updated to include required treatment and/or services, and require participation in those activities.**

- f) **Evaluation of the disability of a household member the recipient cares for, to determine the impact of this responsibility on the recipient's ability to comply with VIEW requirements. Such procedures can include the use of the medical form. While it is preferred that this process occur within 90 days of signing the APR, it also can occur at any time that there is any suspicion or evidence that the need to care for a household member with a disability may be affecting the person's ability to meet VIEW requirements.**
- 2) Each participant will be assessed to determine his job readiness. The assessment will include consideration of the following:
- a) Information regarding the types of jobs available to the participant immediately without further education or skills training;
  - b) The transferable skills the participant already possesses which could allow the participant to obtain immediate employment (such as skills from hobbies, volunteer work or previous employment which may be applicable to jobs available in the community);

- c) Job readiness skills, including the participant's ability to work under supervision and cope with professional or personal problems that may occur on the job;
- d) The participant's ability to work with co-workers on the job;
- e) Participant's job interests;
- f) Basic education level;
- g) Prior work history, including types of jobs previously held, pattern of finding and losing jobs and work habits;
- h) Occupational skills;
- i) Family/life circumstances, including the level of support for the participant entering employment as well as consideration of domestic violence situations and whether **there is a household member with a verified disability for whom the participant provides care**;
- j) Supportive service needs, including child care and transportation;
- k) Ability to read English (as determined by the ESW); and,



- l) **Any disabilities or medical conditions that need to be taken into consideration in planning program participation.**
  - m) Other issues which need to be addressed to facilitate obtaining employment.
- 3) The ESW will be required to inform the participant of the following information **about VIEW**:
  - a) program goals and philosophy;
  - b) program requirements, including an explanation of responsibilities and expectations for participants in the VIEW program;
  - c) benefits of obtaining immediate employment (increased income and skills level, enhanced disregard);
  - d) the two-year time limitation for receipt of TANF benefits;
  - e) evaluation of hardship exceptions and the process for appeals and hearings;
  - f) penalties for failure to comply, without good cause, with program requirements. Penalties include sanctions and possible consequences for hardship exception requests;
  - g) good cause reasons for not complying with program requirements, including information, in writing, explaining the criteria that will be used in determining good cause for not working when no acceptable child care arrangements can be made;
  - h) consequences of not signing the Agreement of Personal Responsibility;
  - i) the requirement to be involved in work activities throughout the two-year time period of VIEW participation;
  - j) the fact that the two-year time limitation for receipt of TANF begins the first of the month after the date the Agreement of Personal Responsibility is signed;
  - k) the name and phone number of the ESW or other persons who might need to be contacted;
  - l) the requirement to respond to all agency correspondence;
  - m) a discussion on "banking" months of TANF to save eligibility, building assets with the additional savings allowed through receipt of the enhanced income and savings account disregards and budgeting; and

- n) explain IPV (Intentional Program Violation) reporting requirements and penalties to the client/participant. Have the client sign the Notice of Intentional Program Violation Penalties. This form may be located on the local agency DSS Intranet site ([www.localagency.dss.state.va.us](http://www.localagency.dss.state.va.us)). Give a copy to the client and place a copy in the VIEW record. See Section [102](#).
- o) **The right to disclose a disability to the agency, and the benefits of doing so:**
- **The right of all applicants/recipients to request screening at any time, and if the screening indicates that they are likely to have such a problem, that they have the right to be referred for an in-depth evaluation by a qualified professional.**
  - **Disclosure of a disability and participation in disability screening and an in-depth disability evaluation are voluntary.**
  - **Individuals with verified disabilities are entitled to reasonable accommodations in all aspects of the VIEW program, including: help filling out forms and verifying information; changes in VIEW program requirements, changes in work requirements; programs and services that make it possible to participate in the program; and help with filing appeals.**
  - **An Activity and Service Plan that describes the modifications in work activities.**
  - **What to do if they need to miss work activities, or are unable to do the work activity assigned to them.**
  - **What to do if they requested accommodations, support services, fewer hours of work activities or a different work assignment, and the request was denied.**
  - **The right to a temporary exemption from work activities, placement in inactive status, or the right to do work activities part-time or during flexible hours.**
  - **The right to special equipment that makes it possible to do work activities;**
  - **Information on how to request reasonable accommodations and the documentation needed to qualify for them.**
  - **The right to assistance in obtaining documentation to qualify for an accommodation.**

- 4) After the Agreement of Personal Responsibility is signed at the initial assessment, all participants who are not employed or who are not otherwise required, (Section 7, 1 g and 16, b), will be assigned to a 30-day job search component and/or job readiness. In the case of a referral of a former VIEW participant, the ESW may waive the up-front job search requirement and immediately place the individual into a work activity.
- 5) TANF recipients exempt from VIEW may volunteer to participate. **As voluntary participants, however, they can withdraw from the VIEW program without penalty at any time within the twelve-month trial period and therefore cannot be sanctioned for failure to comply with VIEW program requirements unless they elect to continue in the VIEW program after the end of the twelve-month trial period. If the volunteer cannot meet his obligations, the worker should discuss with the volunteer the option of ending VIEW participation by becoming exempt**
- 6) A recipient may have one VIEW trial period per spell on assistance. If the recipient volunteers for VIEW an additional time, the trial period will not apply.

C. Agreement of Personal Responsibility

- 1) The participant and the ESW will sign a new Agreement of Personal Responsibility (APR) at the time of the initial assessment and each subsequent referral following approval of a TANF reapplication or upon re-referral following a period in which the individual was exempt. **If the client refuses to sign the APR at the initial assessment, the worker must sign it and date it. The worker must note on the APR that the client refused to sign. The worker must also document the case record that the client refused to sign.**
- 2) If the participant chooses not to sign the Agreement or fails to keep the initial assessment appointment at which the APR is to be signed, the agency will take action to terminate the participant's entire TANF grant. If a TANF-UP participant chooses not to sign the Agreement, the entire household will have its TANF benefits terminated regardless of whether another eligible TANF-UP participant is in the household.
- 3) If the Agreement was signed as a condition of TANF eligibility, the household will be sanctioned rather than terminated for missing the initial assessment appointment.

D. The Agreement will include:

1. The participant's responsibility:
  - a. to seek employment to support his own family;
  - b. to participate in assignments made by the case manager;
  - c. to notify the case manager of any change in circumstances which would impact the participant's ability to satisfactorily participate in the program;
  - d. to accept a job offer. Refusal to accept a bona fide job offer will result in a full household sanction;
  - e. to arrange and find transportation and day care. The case manager will assist the participant when the participant has tried but has been unable to find transportation and day care.
2. Notification of the two-year time period for receipt of TANF benefits.
3. Notification of the enhanced disregards available to the participant if unsubsidized employment is obtained.

- E. An individual who has refused to sign the Agreement of Personal Responsibility and has had his case closed must sign the APR prior to approval of the TANF application, as a condition of eligibility. The signed APR may be obtained by either the EW or the ESW. Local agencies should develop a procedure by which the APR is signed as quickly as possible to ensure that the processing of the TANF application will not be delayed as failure to have the APR signed may result in the denial of the application.

In these situations, the queue or start date entered in the system will be the TANF approval date rather than the date the APR was signed. However, the two-year clock will begin the first of the following month after the APR was signed. The eligibility worker will adjust the clock accordingly upon TANF approval.

- F. Based on the assessment information, the ESW and participant will develop an Activity and Service Plan.

### G. The Two-Year Time Limitation

- 1) The two-year time limitation for receipt of TANF benefits begins the first of the month after the date the Agreement of Personal Responsibility is signed. The VIEW status of the TANF recipient on the first of each month determines if the month will count toward the two year period.
- 2) The months in which the participant meets any of the following conditions on the first of the month will not count toward the two-year time period:
  - a) he is exempt from VIEW;
  - b) he does not have an open VIEW supplement, for reasons other than sanction; or
  - c) he is assigned to inactive.
- 3) Months in which a participant is assigned to pending will count toward the two-year time period.
- 4) Months in which a participant is sanctioned will count toward the two-year time period.
- 5) Months in which TANF benefits continue due to appeal will count toward the two-year time period.

### 5. ACTIVITY AND SERVICE PLAN

- A. Based on the information obtained during the assessment, the ESW and participant will develop an Activity and Service Plan. The Activity and Service Plan will detail:
  - 1) a list of the planned activities which the participant will need during the two-year time period in order to obtain employment;
  - 2) the participant's current assignments, and specific responsibilities of the participant and the agency, including but not limited to the expected levels of a) participation, b) attendance and/or c) the requirement to return information to the ESW and report changes which impact employment and/or participation;
  - 3) **the supportive services needed by the individual to comply with program requirements.** The Activity and Service Plan may take the place of a service application;
  - 4) a statement explaining the reason(s) for assignment to Pending or Inactive, if applicable, and a list of the steps planned to resolve the issues leading to that assignment.
  - 5) a description, begin and end dates, and planned weekly hours of the participant's assignment or assignments;
  - 6) that participants should contact the ESW if they are considering quitting a job or, if possible, they believe they are in danger of being fired from a job. This is to enable workers to either help participants retain that position or obtain other employment.

- 7) **Reasonable accommodations needed by an individual to fulfill participation requirements based on recommendations from a qualified professional's evaluation. These accommodations may include, but are not limited to: part-time or flexible hours for work activities, providing the individual with work activities in a specific work environment that enables the individual to participate in work activities, providing particular types of jobs or work activities that are consistent with the person's limitations, activities that are scheduled so they do not conflict with ongoing medical or mental health treatment, additional notice of program appointments, additional explanation of program rules, job coaches, additional time to complete program requirements, and additional intervention before an individual is sanctioned for non-compliance with VIEW program requirements.**

**Some individuals are caring for household members with a disability part-time, and can only do work activities part-time, or during particular hours, or on a flexible schedule. When an individual has such a limitation, the employment services worker must find work activities for the individual that do not conflict with the individual's care-taking responsibilities. The household member's condition, as well as the necessity for care that limits the individual's availability for work must be verified by a physician.**

**Some individuals have disabilities that limit when they can do work activities. For example, some individuals have appointments for medical or mental health treatment, substance abuse treatment, or rehabilitation services (such as physical therapy). When an individual has such appointments, the employment services worker must find work activities for the individual that do not conflict with the individual's treatment.**

**Examples: Ms. A lost her job because she frequently gives customers the wrong amount of change. It is determined that she has a learning disability that makes such transactions very difficult. The worker arranged for training specifically designed to help her learn despite her disability.**

**Ms. B is caring for a child with a disability and keeps losing her job because she is frequently called away from work by the child's school to deal with health-related emergencies. The worker determines whether there are jobs she can do that will permit her to meet her child's needs as well or whether the number of hours of work activity required should be reduced to ensure that the parent can meet the needs of the child with a disability.**

**Ms. C continually comes onto the TANF program after leaving for a job and then losing the job. It is determined that a mental impairment prevents her from handling many work situations. The worker checks in regularly with Ms. F to see how the job is going, what problems are arising, etc.**

- B. The ESW must complete a new Activity and Service Plan at initial assessment, reassessment, or whenever there is a change to the participant's activity assignments. Modifications to the Activity and Service Plan or modifications to the Agreement of Personal Responsibility due to changes in assignments will not affect the TANF two-year time limitation.

## 6. SOCIAL/SUPPORTIVE SERVICE

Social/supportive services are provided to remove barriers to the individual's participation and to stabilize employment. The supportive services available are child care, transportation, (medical and dental, services) work related expenses and emergency intervention. Supportive services are provided as needed and available to support participation in orientation, assessment, approved self-initiated education, training and employment activities, or to accept or maintain employment. The provision of supportive services is contingent upon the availability of funds based on local VIEW allocations, and spending limits for such services will be the discretion of the agency. In such situations that limits are set, this should be stated in the SOP and applied equally for each participant. Agencies are encouraged to explore alternatives to removing barriers, if supportive service funds are limited. If supportive services are essential for participation, and neither the participant nor the agency can provide them, and no alternatives are available, the participant may not be sanctioned for noncompliance. In these situations, the participant will be placed in "Inactive" status, which will prevent the clock from counting against the 24 month and the 60-month time limit.

### A. Duration of Supportive Services

- 1) Supportive services may be **provided** for as long as the participant is in a VIEW activity and the TANF case is open or if the TANF case is closed and the required number of job follow-ups have not been completed. If the supportive services consist of transportation see the instructions for transitional services on page 66.
- 2) Participants who enter full or part-time employment and continue to receive TANF or TANF- UP are eligible for supportive services. In the event of TANF case closure, all supportive services may be provided for 90 days or until the required job follow-ups are completed, whichever is longer.

Note: Transitional supportive services, for which a former participant may be eligible to receive for 12 months, are limited to transportation, child care, and employment and training.\* Workers are to inform clients how receiving transitional services will affect their period of ineligibility. When a participant receives transitional transportation it must be recorded in ESPAS. ESPAS can be accessed through the ADAPT Main Menu, Option 14. For detailed instructions refer to the ESPAS Manual, Chapter L.

### B. Employment Service Worker Responsibilities

- 1) The Employment Services Worker is a case manager. As part of his responsibility he assists the applicant/recipient in meeting his service needs. This may be done directly by the ESW or through a referral to a social worker or service provider.
- 2) When providing social services to recipients, the Activity and Service Plan form may replace the Service Application regardless of the funding source for the service or the

worker's salary.

### C. Supportive Services for Recipients

- 1) There are five types of VIEW supportive services that the local agency can provide directly or purchase. These services are child day care, transportation, medical/dental, program and/or work related expenses and emergency intervention. Participants who have been sanctioned are entitled to supportive services in order to maintain their employment. Participants who have been sanctioned **or found guilty of an Intentional Program Violation** may also receive supportive services when the participant is performing a verifiable act of compliance. See page [65](#), [13.A](#), for a list of verifiable acts of compliance.
- 2) If child day care or transportation services are needed but not available, recipients cannot be required to participate.
  - a. Child day care services are provided to enable the caretaker to gain and/or keep employment or to participate in program activities.
    - 1) Arrangement for and/or payment of child day care as a supportive service will be provided only when the participant is unable to obtain child day care on his own at no cost.
    - 2) Participants who are parents of school age children are expected to search for a job during the hours that the children are in school. However, if the interview must take place outside of school hours, child care may be authorized.
    - 3) Participants who need day care and cannot arrange to find their own may be provided assistance, including payment within child care policy as found in Volume VII, Section II, Chapter D. This payment may include child related transportation costs, child day care related transportation costs.
    - 4) If a participant finds employment and the TANF case is closed, child care may be provided through VIEW funds if the participant is not eligible for transitional day care. It may be provided for 90 days or until the required job follow-ups have been completed, whichever is longer, if employment continues. The chosen child care provider must meet the same approval criteria as established in child care policy, Volume VII, Section II, chapter D, of the Services manual.
    - 5) Participants who have been sanctioned are not entitled to child day care service while in the sanction status unless it is needed to maintain employment. However, an individual who has been sanctioned may receive child day care service upon request, if the service is necessary in order for the participant to perform a verifiable act of compliance.
  - b. For the purpose of providing supportive services in these circumstances, agencies will close the VIEW Enrollment Record in ESPAS due to the sanction. A Generic Case Document (GCD) will be opened for services that come under category 215, for example day care services. This is applicable as long as VACIS is operational.

### D. Transportation and Related Services

This service is provided to enable participants to travel to and from authorized VIEW activities or employment. The need must be linked to needs identified on the participant's Activity and Service



Plan and the participant must be making satisfactory progress and regularly attending the component.

- (1) The participant will have the primary responsibility to arrange transportation to be employed or participate in activities required by the Agreement of Personal Responsibility. Transportation will be provided only when the participant is unable to make necessary arrangements.
- (2) Transportation can be provided by any of the following means:
  - (a) Individuals other than public conveyors. In this circumstance, payment is made to the individual provider. Such payment must be pre-authorized and reimbursement cannot exceed the current state mileage reimbursement rate. A reimbursement-type purchase order may serve as a pre-authorization;
  - (b) Agency or individual public conveyance sellers; or
  - (c) Commercial establishments. For example, a client who needs gas for his car could receive a voucher that a gas station would honor. Through the purchase order/invoice system, the station would receive payment.
- (3) Criteria for approval of vehicle repairs.
  - (a) A request for payment of an vehicle expense or repair can be approved if the following conditions are met:
    - (1) public transportation is not available;
    - (2) the agency cannot provide transportation and there are no other available resources; and
    - (3) the general condition of the vehicle justifies the cost of the repairs;
  - (b) The participant must provide documentation of:
    - (1) required insurance coverage for the vehicle if the request is for repair, tires, etc;
    - (2) a valid drivers license; and
    - (3) a registration showing the vehicle is in the participant's name.

Note: The vehicle may be co-owned if the participant's name is also on the registration. In the case of TANF-UP households, the registration may be in either both or one of the participant's names.

E. Medical/Dental Services

- (1) Payment for medical/dental services must directly relate to VIEW activities or employment. These are medical/dental services not covered by the State Medical Assistance Plan (Medicaid). The need must be linked to needs identified on the Activity and Service Plan and the participant must be making satisfactory progress and regularly attending the component activities.
- (2) Examples of medical/dental services are medical statements or other necessary medical verifications, dentures, glasses, orthopedic shoes, and other items required prior to entry into jobs, work-sites, or education/training components. Medical and mental health evaluations, not covered by Medicaid, needed by participants to determine whether they have a verified disability that affects program participation, the nature and severity of the disability and its effect on program participation, and the reasonable accommodations needed by the individual “directly” relate to VIEW activities or employment.

F. Program Participation and Work-Related Expenses

This service provides assistance to the participant with employment-related expenses or expenses incurred through participation in an approved VIEW component(s).

1) Criteria for Assessing Need

The ESW will use the following criteria when assessing the need for participation or employment-related expenses for the VIEW participant:

- (a) The expense is necessary to enable the individual to participate in approved activities or employment;
- (b) The need for expenses is clearly linked to the needs identified on the APR, Activity and Service Plan, or, in the case of assessment, in the case record; and
- (c) The participant must be making satisfactory progress in the component/activity.

2) Participation expenses which are reimbursable include, but are not limited to:

- (a) Fees for birth certificates;
- (b) License fees;
- (c) Registration/graduation fees;
- (d) Picture ID costs;
- (e) Uniforms or other clothing or shoes;
- (f) Safety equipment and tools;
- (g) Car repairs;

- 3) The ability of a local agency to pay participation expensed is based on the availability of funds and local resources. Therefore, each local agency is encouraged to develop additional policy and procedures for approving expenses.
- 4) One-Time Work Related Expenses - Payment of one-time expenses are allowable when needed to enable a participant to accept a job offer or maintain employment. One-time work expenses refer to non-recurring work expenses. Expenses which are allowable include, but are not limited to:

- (a) purchase of an initial set of tools or equipment;
- (b) uniforms;
- (c) safety equipment
- (d) professional fees and licensing require by the occupation; and
- (e) automobile repairs and insurance.

G. VIEW Emergency Intervention Services

This service provides assistance during crisis situations which may affect the individual's participation in an activity or employment. Examples are emergency provisions of food/utilities, or other items necessary for the client to gain and or/keep employment or participate in other ESP activities. Automobile expenses are not covered under this section.

- H. Local procurement/purchase procedures should be followed when purchasing medical/dental, work- related and emergency intervention supportive services.

7. PROGRAM COMPONENTS

VIEW program components include all work activities as well as job search/job readiness and education and training. All program components will be monitored monthly for attendance of scheduled hours. In addition, education and training activities will be monitored for satisfactory progress at periodic intervals.

Note: Participants assigned to a work activity for at least eight hours per week may also engage in educational and training activities.

A. Recipient Job Search

- 1) Job Search is a structured activity carried out over a defined time period when the participant must complete a specified number of job contacts per assignment to job search. The number of job contacts required must be determined on an individual basis and must be within a range established by each local department of social services. Both the agency range and the number of required contacts set on an individual basis should be determined based upon criteria, such as, other work or training activities in which the participant is involved, **language barriers, disability of the participant or household member, other barriers**, employment conditions within the locality, and availability of transportation or child care,

The maximum and minimum number of job search contacts must be included in the local agency's VIEW Annual Plan. **If a participant is unable to make the minimum number of job contacts listed in the VIEW Annual Plan as a result of a verified disability of the participant or participant's household member for whom the participant is responsible, the number of job search contacts required for that individual must be reduced below the minimum number listed on the Annual Plan as a reasonable accommodation.** The limits set may be changed as deemed necessary by the agency. Changes between VIEW Annual Plan submissions must be reported to the Regional TANF Consultant at the time of the change.

- a) For the purpose of discussing progress of the job search, and ensuring that the contacts made are reflective of the participant's job skills, bi-weekly contact between the participant and the ESW is suggested. This practice may enhance the participation rate as early intervention by the ESW may benefit participants who may not be utilizing the full job search period to obtain employment.
  - (1) If the participant finds full-time employment, the job search will terminate;

- (2) If the participant finds part-time employment, the ESW may decide whether to terminate the job search or require the individual to continue looking for full-time employment. The participant will be required to fully participate in activities designed to assist him in obtaining full-time employment.
- b) Localities may determine how many employer contacts will be required for individuals who are already working part-time at the time they enter the VIEW program.
- c) Local departments must work with public and private providers of job development/job placement services, such as VEC, Workforce Investment Act (WIA), and the Department of Economic Development to facilitate job development and job placement.
- d) Participants who are not employed 30 hours or more at the time the Agreement of Personal Responsibility is signed must be placed into a 30-day job search. However, in the case of previous VIEW participants, the ESW may waive the up-front job search requirement and place the individual into a work activity.
- e) A participant must accept a bona fide offer of employment. Participants who refuse to accept a bona fide offer of employment will be sanctioned.
- f) A participant who has not found full-time employment 60 days prior to the end of his 24-month TANF time limitation must be placed in a job search component in conjunction with a work activity. This assignment will continue until the participant leaves TANF at the end of the two-year time period.
- g) The up-front job search for a participant already enrolled in an education or training program may be waived if:
  - (1) the participant has been enrolled in the education and training (self-initiated) for at least one grading period; and
  - (2) the participant is satisfactorily enrolled and is meeting all requirements of the activity as defined in this chapter at Section 7., e, Post Secondary Education; and
  - (3) the education and training is related to a specific employment and/or occupation; and
  - (4) the participant must be able to complete the education or training within one year (12 months).
- h) The up-front job search for a participant may be waived if the ESW determines the participant would benefit from immediate job skills training and is placed in a vocational education program. The participant must meet the eligibility criteria as defined in [G, 2, page 45](#), of this section.

NOTE: When there is a refugee resettlement agency in the locality available to work with refugees, all work requirements for refugees required to participate in VIEW should be coordinated with that agency (or designated service provider). The resettlement agency, while maintaining communication with the local agency, must take the lead in assisting the refugee in the pursuit of self-sufficiency. The local agency case record must contain a Comprehensive Resettlement Plan (CRP) developed by the resettlement agency. Contracts between the Office of Newcomers Service and Refugee Resettlement Service Providers mandate these services.

It must be noted that this exception does not remove the requirement for a participant to be in a work activity between the 90<sup>th</sup> and 95<sup>th</sup> day from assignment to the queue. It does allow the ESW more flexibility to modify the job search requirement in order for the participant to find employment which will meet the work requirement and at the same time support the education or training program

requirements. If the education or training program includes a work activity such as work-study or practical training outside of a classroom for at least eight hours a week, the up-front job search may be waived.

## 2) Elements of the Job Search Component

When designing the Job Search component, the worker must incorporate the following elements based on the participant's needs:

- a) techniques to help the participant identify good work attitudes, strengths and job skills. For any participant who lacks work history, the identification of transferable skills is extremely helpful.
- b) job seeking skills to train the participant to successfully seek and obtain appropriate employment. This instruction/ guidance will enable participants to market themselves in a job interview and on the job. Subjects include, but are not limited to, development of job leads, job interviewing techniques, discussion of local labor market information, employer expectations, and completion of applications.
- c) activities and opportunities for the participant to build self-esteem. A group setting is one of the best ways to build self-esteem. Brief periodic meetings may be held to allow the group members an opportunity to report progress, discuss problems and receive specific help with job search techniques.
- d) use of the telephone as a primary employer contact to develop job leads and obtain interviews. Developing and writing a good phone script and practicing employer contacts will be an effective aid for the participant in job search.

## 3) Employer Contacts

- a) The participant has the responsibility to arrange the required number of job interviews or submit applications/resumes. The ESW provides support and direction in these areas throughout the job search assignment. **If, however, the individual has a verified disability or language barrier that limits the ability to arrange for the required number of job contacts, the ESW must assist the individual in arranging for these contacts, reduce the number of contacts, or both.**
- b) All participants must be registered with their nearest Virginia Employment Commission Office. Registration with the Virginia Employment Commission will be considered one employer contact.
- c) All participants must report employer contacts in writing by completing the VIEW Job Search Form.
- d) To qualify as an employer contact, four conditions must be met:
  - (1) The participant must present himself to an employer as being available for work;
  - (2) The employer must ordinarily employ persons in areas of work for which the participant is reasonably qualified by means of experience, training or ability;

- (3) The participant cannot count the same employer more than once during a given job search period unless he applies for different positions; and
- (4) Contacts with employers will only be in the form of face-to-face interviews or by submission of applications or resumes to businesses that are hiring.

4) Types of Job Search

There are two types of recipient job search, Group Job Search and Individual Job Search.

a) Group Job Search

Group job search includes methods such as Job Club or classroom instruction.

- (1) Job Club is a tightly-structured, intensive program including instruction in job search methods, extensive use of the telephone to obtain job leads and interviews, peer support, direct monitoring of participant activities, and self-placement through job search.
- (2) Classroom instruction provides the participant with sound skills for finding and keeping employment.
- (3) The annual VIEW plans must describe whether the local department will utilize Job Club or other group methods.
- (4) If a group process other than Job Club is used, the annual VIEW plan must describe that process.
- (5) The participant in group job search is bound by the participation requirements of the specific group activity. The number of weeks and employer contacts required of a participant in group job search cannot be less than the requirements of individual job search.

b) Individual Job Search

Individual job search includes, but is not limited to, counseling on job seeking methods, information dissemination, application completion, and interview techniques. Included in the information sharing should be a discussion on “banking” months of TANF to save eligibility, building assets with the additional savings allowed through receipt of the enhanced earned income disregards, savings accounts disregards, and budgeting.

- (1) The participant will report to the ESW during the job search period and must sign the VIEW Job Search Form attesting to the number of employer contacts made.
- (2) The ESW may contact any employer listed on the VIEW Job Search Form to verify that the participant made a contact.
- (3) Employer's signatures are not required on the Job Search form.

## B. Job Readiness

The purpose of job readiness training is to prepare the participant for employment or program component participation and to provide pre-employment information, skills training, enhancement of abilities, and workplace behavior and attitudes training, which will enable him to be competitive and succeed in the labor market. Job readiness training may be offered before, in conjunction with **or after** the job search assignment. However, be aware that if full or part-time unsubsidized employment is not obtained, the participant must be placed into a work activity between the 90th and the 95th day after assignment to the queue.

- 1) Job readiness training includes activities to assist the participant in program participation by helping him recognize and overcome personal and family problems which may be a barrier to accomplishing his employment and training goals. Job readiness activities also prepare the participant for work by assuring that he is familiar with general work place expectations, work behaviors, and attitudes necessary to compete successfully in the labor market. Job readiness should also address the economic benefits of going to work. These include wages above the TANF grant, the enhanced earned income and savings disregards and the Federal Earned Income Tax Credit.
- 2) Job readiness topics may include, but are not limited to, communication skills training, life skills training, motivational training, problem solving skills, assertiveness, nutrition, money management, parenting skills, time management training and other activities that enhance specific work place expectations and behaviors.
- 3) Job readiness training may be conducted through workshops or seminars, as well as through one-on-one counseling.

## C. Work Activities

- 1) Unsubsidized Employment
  - a) Unsubsidized employment is employment for which no government funds are used to directly subsidize the individual's salary. Full-time employment is employment of 30 hours per week or greater.
  - b) A participant employed full-time and earning at least minimum wage is not required to participate in any other VIEW assignment, but he must respond to all correspondence from the case manager and keep all scheduled appointments for redeterminations.
  - c) A participant employed full-time but earning less than minimum wage for each hour worked, must be assigned to job search at least every six months, but may be assigned more frequently as needed. He may be required to participate in other activities which may enhance employability if it does not interfere with his employment.



- 2) Part-time employment is employment of at least eight hours, but less than 30 hours per week. A participant working part-time must be assigned to job search at least every three months, but may be assigned more frequently as needed. In addition:
  - a) A participant employed part-time must be assigned to a concurrent education or skills training or other program activity (i.e., CWEP, skills training, education). If the individual is unable to participate in concurrent education or skills training or other program activity because of a verified disability or **verified** disability of a household member, the individual cannot be required to participate in a concurrent activity.
  - b) A participant who is employed in an unsubsidized job at the time he signs the Agreement of Personal Responsibility will receive the TANF enhanced earned income disregard the following month. Enhanced disregards allow a participant to keep all earnings and TANF benefits so long as the participant's total household income does not exceed 100% of the federal poverty limit for the size of his household or 150% of the federal poverty level for TANF-UP households.
  - c) Eligible TANF recipients who are employed prior to referral to VIEW should be treated as a priority referral and served as soon as possible so that they may begin to receive the enhanced disregard.
  - d) Participants will receive the enhanced earned income disregard only after they have entered the VIEW program and signed the Agreement of Personal Responsibility.
  - e) A participant who obtains employment while in the VIEW program will receive the VIEW enhanced earned income disregard the month following the month of employment.
  - f) A participant who leaves TANF due to employment or who is employed when the TANF case is closed may be eligible for transitional benefits.
- 3) Self-employment
  - a) If a participant becomes self-employed, the participant must provide information and or documentation to show he is legitimately engaged in self-employment. The information could include, but is not limited to the following information: the kind of business, location, hours of operation, source of funding, prospective customer base, expected earnings, business license if applicable and lease or agreement if space is rented. The ESW is to review the information and verify the information when possible.
  - b) If a participant enters the VIEW program and states he is self-employed and has been self-employed for less than a year, the participant must provide the above

documentation including copies of rent receipts, appointment books or any other documentation that will show the participant is engaging in a legitimate business.

If the participant states he has been self-employed for a year or more, a copy of the previous year's income tax return will suffice. If the tax return is provided and the worker is satisfied with the documentation the up front job search can be waived if the participant meets the criteria in 7.A.

- c) The ESW is to give the participant 60 days to establish the business. The hours spent establishing the business will count as unsubsidized employment. If the client states it will take less than 30 hours a week to establish the business, the participant must be placed in a second component. The ESW will do a monthly follow-up to see how the participant is progressing. The job follow-up can include, but is not limited, to requests for copies of receipts for items purchased to assist in starting the business or appointment books. The participant has to show earnings by the 61<sup>st</sup> day. If the participant is unable to show earnings, the ESW is to assign the participant to a work activity other than self-employment.

#### 4) Job follow-up Retention and Upgrading

##### A) Job follow-up

The ESW should provide case management and services to a participant who becomes employed to assess job proficiencies and deficiencies, the need for additional skills and address potential problems with job retention.

1. Job follow-up is required for VIEW participants who become employed. A job follow-up is required monthly to track the participant's wages and hours of employment. Participants who obtain part-time employment are expected to continue active participation in the VIEW program. Monthly job follow-ups are also required for part-time employment. The purpose of the follow-up is to determine if the participant is still employed and to assist in resolving any problems the participant may be having on the job.

2. There are three possible outcomes to a job follow-up contact:
  - a) The participant is employed;
  - b) The participant has left employment;
  - c) The ESW is unable to contact the participant or the participant does not respond to job follow-up contact.
3. A minimum of six monthly follow-up contacts must be made on all VIEW cases with employment. Job follow-up may be for up to 24 months, if the participant is employed throughout his VIEW participation. If a TANF case is closed before the six follow-ups are completed, the VIEW case must remain open to complete the six required contacts.
4. Job follow-up information is reported in the automated system as well as on the contact sheet for all outcomes.
5. As part of the job follow-up, the worker must verify on a monthly basis the employment hours. To receive credit for job entry hours the agency must verify that the individual remained employed at the scheduled work hours. Verification may consist of an ADAPT payment history inquiry, confirmation by the benefits worker, paystubs, wage forms, client statements or if necessary, the employer. Local agencies may determine which methods of verification will be used by workers. The ESW may contact the employer whenever a participant has left a job to determine why the participant left employment.

B. Retention and Upgrading

1. Local agencies are encouraged to meet face-to-face for the first three job follow-up contacts with participants who are employed. The purpose of the meeting is to verify continued employment and assist the participant with any problems on the job. At these meetings, the ESW will assess to determine the following:
  - a. Any problems on the job which may result in the participant quitting or being fired from the job. **The worker may arrange for services to facilitate retention including disability screening, referral for in-depth evaluation, and/or assistance in arranging accommodations, as appropriate;**
  - b. The participant's ability to cope with potential problems on the job;
  - c. What skills are needed to keep the job or promotion;
  - d. What better jobs may be available.

2. As part of the case management services the ESW may provide the following:
  - a. Job retention counseling;
  - b. Career exploration for better jobs;
  - c. Referrals for additional training, education or CWEP;
  - d. Resources for additional job search or job leads;
  - e. Referrals for job coaching or mentoring;
  - f. Work related workshops or seminars.
- C. Reassessments must be conducted on all employed VIEW participants still open to TANF. For full-time employment, the reassessment must be conducted at least every six months. To record full-time employment in the automated system, the participant will be placed in "Pending-employed" for six months.
- D. Participants who are part-time employed will be assigned to a concurrent activity **unless the individual or individual's household member for whom he is responsible has a verified disability that prevents participation in a concurrent activity**. For part-time employment, the reassessment will take place when the other component activity ends, or every six months, whichever occurs first. The ESW, in conjunction with the participant, will develop an Activity and Service Plan to address problem areas, or assist in obtaining a better paying job or promotion.

## 2) Subsidized Employment

Subsidized employment is employment in which government funds are used to directly subsidize the participant's wages. Subsidized employment is designed to provide training while the participant works on the job.

### A. Full Employment Program (FEP)

- (1) The Full Employment Program is a component in which a participant is placed in a public or private sector job and is paid an hourly wage for the work done. The Department of Social Services will pay the employer a predetermined, fixed stipend of \$300 per month. TANF benefits are not paid to the participant during the time the employer is receiving a stipend except when the participant has not worked his scheduled hours for reasons beyond his control.
- (2) The goal of FEP is for the employer to retain the participant at the completion of the training period. The placement should provide the participant the opportunity to gain work experience, develop job skills and work social skills. To increase the likelihood that the participant will be hired on a permanent basis for the job and to promote further FEP placements with the employer, the worker should make every effort necessary to insure that the participant's skills, abilities, and interests are a good match for the job description for the placement.

- (3) VIEW participants who have been unsuccessful in obtaining unsubsidized employment by the 90<sup>th</sup> day after the referral to VIEW will be screened for placement with a FEP employer. Participants who are referred to VIEW and have accrued months on the current AECLOC (24-month VIEW participation clock) may be immediately placed in FEP.

- (4) If the ESW **does not have a suitable FEP or on-the-job training placement available**, the participant will be immediately screened for **placement in a suitable community work experience site**.

**Suitable is defined as follows:**

- (a) **The worker has evaluated a good match between the participant's skills, abilities, and interests and the position description;**
- (b) **The employer agrees to provide needed training to do the job; and**
- (c) **The net monthly wages (take home pay) estimated by the employer exceed the amount of monthly TANF benefits the participant was last paid. The ESW can obtain the most recent TANF payment amount by accessing the participant's TANF payment history in ADAPT or by contacting the EW.**

**B. Criteria for the FEP Participant**

- (1) The participant must be able to perform the **minimum requirements for entry into the job and be capable of performing the duties of the job with the provision of training by the employer at the end of the placement.**
- (2) The supportive services needed by the participant can be provided.
- (3) The participant **may participate in FEP more than one time but must not have been** previously sanctioned while assigned to a FEP placement.
- (4) A participant cannot **enter** a FEP placement if he is in the process of being referred for a sanction, or **if the case** is currently under sanction, unless the minimum period for that sanction has elapsed.
- (5) **More than one participant may be screened and referred to an employer for an interview for the FEP positions.**
  - (a) **The ESW should complete the VIEW Referral to Work Site form (032-02-300) to be given to each referred participant to take to the job interview.**
  - (b) **After the employer indicates his selection on the participant's VIEW Referral to Work Site form (032-02-300) and signs the Full Employment Agreement (032-02-309) for the participant's placement, the participant is to be assigned to the FEP position on the Activity and Service Plan (032-02-302) and in ESPAS.**
  - (c) **The ESW will complete the Full Employment Program Communication Form (032-03-655) and forward it to the EW as notification of a FEP placement. This form is available on the intranet at <http://www.localagency.dss.state.va.us/divisions/bp/tanf/forms.cgi> and can be completed online and emailed to the EW. The eligibility worker is responsible for updating ADAPT to pay the employer's stipend in place of the TANF grant as indicated on the FEP Communication Form (032-02-655) from the ESW.**

- (6) If a participant does not attend the employer interview, the ESW **must contact the participant to determine if good cause for the missed interview exists. The VIEW Notice of Sanction/Termination (032-02-307) can be used for the purpose of contacting the participant. If the participant does not respond and/or good cause does not exist, the ESW will notify the EW, in writing, to send an Advance Notice of Proposed Action (032-03-018) to sanction the participant.**
- (7) Only one person in a TANF household can be in FEP at any time.
- (8) If a participant transfers to another locality, the FEP Agreement will be terminated.

C. Criteria for the FEP Employer

- (1) **FEP placements may be established in public or private sector employment.**
- (2) The employer must offer **employment of not less than 20 hours per week** at minimum wage or greater. **The position offered must meet the definition of a suitable placement, the amount of TANF assistance.** Wages paid to FEP participants must be the same rate as paid to other employees who perform the same work and who have similar experience and tenure.
- (3) The employer must pay Virginia Unemployment Insurance tax for its employees. **FEP participants may qualify for unemployment benefits if not retained as a permanent employee. Eligibility for such benefits must be determined by the Virginia Employment Commission on an individual case basis. Former FEP participants not hired permanently should be encouraged to apply.**
- (4) The employer must offer a position in conformity with section 3304 (a) (5) of the federal Unemployment Tax Act which requires the following:
  - (a) The job offered cannot be available as a result of a strike or labor dispute;
  - (b) The job cannot require the employee to join, nor prohibit the employee from joining, a labor organization;
  - (c) The FEP participant cannot be used to displace regular workers.
- (5) The employer must agree to pay the participant through his payroll system. The employer agrees to pay his share of the premiums for Social Security contributions, unemployment insurance, and worker's compensation related to the participant's wages.
- (6) The employer must **sign a VIEW Full Employment Agreement (032-02-309) for each participant he employs in a FEP placement. The Full Employment Agreement includes:**
  - (a) **The amount of the employer stipend;**
  - (b) **The skills and equipment operations the participant will learn;**
  - (c) **The hourly wage, number of hours per week the participant is expected to work, and estimated net monthly wages.**

TRANSMITTAL

- (d) The duration of the placement and the conditions under which it will end;
- (e) Conditions under which the employer must repay FEP reimbursements;
- (f) Provisions regarding termination of the FEP Agreement; and
- (g) Responsibility of the employer to report when a FEP participant works less than an average of 20 hours per week. If the agreement is not in effect for a full calendar month, the participant must have worked an average of at least 20 hours per week for the number of full weeks the FEP agreement was in effect during the month.

**Example 1** – A participant begins employment on the July 13. Since the agreement is in effect for less than a full month, the ESW will determine the average number of hours worked by dividing the total number of hours worked by the number of full weeks (2). If the participant worked 48 hours during the period from July 13 -31, the average number of hours worked per week is 24 ( $48/2=24$ ).

**Example 2** – A participant is employed for a full month. The employer reports that the participant worked for a total of 84 hours during the month. The average number of hours worked per week during the month was 21 ( $84/4=21$ ).

- (6) The employer must **also** agree to the following:
  - (a) Provide on-the-job training to the degree necessary for participants to perform the duties of the job;
  - (b) Provide sick leave, holiday, and vacation benefits to participants to the same extent provided to other employees performing the same work and having similar experience and tenure;
  - (c) Maintain healthy, safe working conditions at or above levels generally acceptable in the industry and no less than those in which other employees perform the same work;
  - (d) Agree not to discriminate against any person, including program participants, on the basis of race, color, sex, national origin, religion, age, or disability.
- (7) In addition to completing the VIEW Full Employment Agreement, the ESW will require the employer to fill out the Request for Taxpayer Identification Number and Certification Form (IRS Form W-9). **File the completed form in the case record.**



## D. Payments to the Employer

The employer stipend is a reimbursement for participation in FEP. The stipend is issued for each month of FEP participation.

### (1) Two types of payments are made to an employer.

- (a) **Stipend** - The employer stipend is a predetermined, fixed amount of \$300 paid monthly. Stipends are paid beginning the month after the participant enters a FEP placement. FEP stipends are issued for six consecutive months, unless notified by the VIEW worker to discontinue the payments. In no instance are stipends to be paid for more than six months.

The ESW is responsible for notifying the eligibility worker within five working days of making a FEP placement. Upon receipt of notification from the ESW that the participant has entered a FEP placement, the eligibility worker will complete the required ADAPT screens to stop the participant's TANF payments and start the employer's stipend payments. The employer's stipend will be mailed on or about the first day of each month.

Using the Full Employment Program Communication Form (032-03-655), the ESW must notify the EW when a FEP placement is made and when changes occur during the placement including the need to issue a supplemental TANF payment, issue a replacement check to the employer, terminate the FEP placement, or reinstate TANF benefits upon completion of the placement.

- (b) **Bonus** - The bonus is a predetermined, fixed amount of \$500 paid to the employer:

- (1) If the participant is hired on a permanent basis at any time during the six-month placement period, or

- (2) Within 30 calendar days after the placement has ended.

### (2) Limitations on Payments to the Employer

- (a) No employer will be paid a **stipend** unless the local department of social services has a signed and completed VIEW Full Employment Agreement.
- (b) The employer will receive a **stipend** only when the participant was paid for at least 20 hours per week or an average of at least 20 hours for the number of full weeks the agreement was in effect during that month. The EW must be notified within five days that the 20 hour minimum was not met and whether a supplemental payment should be issued to the FEP participant.
- (c) The employer may receive one bonus payment per VIEW participant.
- (d) A bonus payment cannot be issued in the same month as a monthly stipend. For example, if the last stipend payment is issued in October, the bonus will be issued in November.

**E. FEP Participation**

- (1) The ESW will track participation by conducting a FEP follow-up by the fifth day of each month for the previous month. This is to be accomplished by contact with the employer to verify that the participant is satisfactorily continuing in the placement and is meeting the minimum requirements for the job, including working at least 20 hours per week or an average of at least 20 hours during a month. The ESW should also discuss any concerns the employer may have regarding the participant's performance or attendance. Hours of participation will be verified by the employer's statement. In any case, monthly contact with the employer should be part of the follow-up process to insure that the employer's needs are being met, to maintain rapport with the employer, and to insure the likelihood of future FEP placements.**

**The employer contact may be written or verbal. In either case, the ESW must obtain the information requested on the Attendance/Performance Rating Sheet (032-03-305). If the information is to be obtained in writing, the ESW may provide the employer with a six-month supply of the form at the time the FEP Agreement is signed. If the contact is verbal, the ESW should record the information obtained on the Attendance/Performance Rating Sheet.**

If the employer recommends the termination of the Full Employment placement, the ESW will document the reasons in the contact log for the recommendation, determine if there are grounds for sanctioning the participant, and, if grounds exist for sanctioning, send the participant a VIEW Notice of Sanction/Termination.

If grounds for sanctioning do not exist, the ESW will reassign the participant to another work activity.

- (2) ADAPT will automatically issue the stipend through month six unless cancelled by the EW. If the ESW determines that the employer was not entitled to the stipend received for the prior month, the ESW will inform the employer of his responsibility to return the check. The employer is ineligible for a stipend for any month in which the FEP participant did not work an average of at least 20 hours per week during the month. The stipend or, if the check has been cashed, a check issued by the employer should be sent to the Virginia Department of Social Services, Division of Financial Management, P. O. Box 10209, Richmond, VA 23240-0209. If a check from the employer is used to repay the stipend the employer should reference the participant and the case number on the check. If the employer does not return the check, the local department of social services may pursue civil action through their city or county attorney's office.**
- (3) The participant may work additional hours beyond the number listed on the VIEW Full Employment Agreement (032-02-309). Overtime hours can be required by the employer, but only to the extent that they are required of other employees with similar positions and experience.**

\* 45 CFR 261.70 (a) (1) (2)(b)

- (4) Whenever possible, FEP placements should begin at the first of the month. This will allow the FEP participant to receive maximum wages to prepare financially for the suspension of TANF benefits during the FEP placement. Under no circumstances can a placement begin during the last 11 days of the month. At a minimum, the participant must have worked at least one full week for at least 20 hours for the employer to qualify for a stipend.**

**For example, a participant's placement begins on April 19. The employer may qualify for a stipend for each placement month (April through September). Stipends are paid on or about the first day of the month following the month of participation, e.g., May through October in this example. If the participant does not work at least one full week for a minimum of 20 hours, the employer will not receive a stipend for participation in April.**

#### **F. FEP Employer Outreach**

- (1) VIEW case managers should work through existing employer networks (workforce investment boards, chambers of commerce, faith-based organizations, local business organizations, etc.) in order to locate employers who are interested in accepting a FEP placement. The ESW will schedule an interview with any employer who expresses an interest.**
- (2) The ESW will explain FEP to the employer and the advantages of entering into a FEP agreement. In addition to the reimbursement to the employer, the ESW should discuss Work Opportunity Tax Credits, the supportive services VIEW offers to help the participant be successful on the job, and the case management services in place to support the participant's efforts.**
- (3) The employer should complete a Work Site Position form (032-02-306). The information obtained from this form will be used to screen participants for the FEP position(s).**
- (4) If a regular employee at the FEP place of business feels that he/she has been displaced and the situation cannot be handled satisfactorily through the employer's grievance process, the Virginia Department of Social Services will act as a mediator. The employer should be informed that the form can also be obtained at the local social services agency employment services department. Once the form is completed, it is to be given to the local agency's employment services department. The employment services department will send the form and all pertinent information to Virginia Department of Social Services, 7 North Eighth Street, TANF Unit, Richmond, Virginia 23219-3301.**
- (5) The employer should agree to contact the ESW as soon as a FEP placement position is available.**

### G. FEP Assignment

- (1) Once the agreement is signed, the ESW will meet with the participant to develop a new **VIEW/TWA/Transitional** Activity and Service Plan **(032-02-302)** and to arrange needed supportive services. At a minimum, the Plan must include:
  - (a) Name and phone number of the FEP supervisor;
  - (b) Place of employment;
  - (c) Days and hours of work, and hourly pay the participant will receive;
  - (d) Notice that the participant must call the FEP **placement** supervisor and the ESW if the participant will be absent from work;
  - (f) **An explanation that the participant's monthly TANF benefits will be stopped for the duration of the placement, except when the participant was unable to complete the scheduled hours for a reason beyond his control, and that wages received from the FEP employer will be counted in Food Stamps.**
  - (g) Notice that the participant has the right to appeal **the suspension** of the participant's TANF benefits; and
- (2) The ESW will explain the benefits of the Advance Earned Income Tax Credit to the participant.
- (3) **The ESW should assist each participant in applying with the employer to receive a monthly Advance Earned Income Tax Credit payment.**

### H. Supplemental Payments to the FEP Participant

A supplemental payment issued to the participant if he works less than an average of 20 hours per week, with good cause. Good cause includes circumstances beyond the participant's control, such as but not limited to, loss of child care, transportation, illness of the FEP participant or a family member, or another emergency situation. Good cause is determined by the ESW.

The supplemental payment to the participant will be calculated in ADAPT based upon gross earnings received in the month being supplemented.

### 3. Community Work Experience

#### A. Purpose

Community work experience (CWEP) is a placement in which a participant works for his benefits in a public or private non-profit agency in order to improve his skills and serve a public function. The purpose of CWEP is to help prepare participants to obtain unsubsidized employment. A participant who is assigned to CWEP for more than three months should participate in a concurrent job search.

#### B. Eligibility Criteria

A participant who is unable to obtain unsubsidized employment, subsidized employment, or another work activity will be placed into a six month community work experience position.

#### C. Calculation of Work hours

The number of weekly work hours will be calculated in the following manner:

- (1) **Combine the total TANF dollar amount with the food stamp amount received and divide by the federal minimum wage. The result equals the required monthly hours to participate in CWEP.** Divide the result by 4.3 to determine the required hours per week for CWEP participation. Include in the calculation only the benefits belonging to the TANF household. Food stamps received by individuals in the household who are not included in the TANF grant will not be counted in the calculation. For TANF-UP cases, the entire benefit amount, combined total dollar amount of TANF and food stamp benefits, available in a CWEP calculation will be used for each participant. If both mandatory TANF-UP participants are placed in CWEP, they both will be required to participate the required number of calculated hours. For example, if the calculation requires 25 hours of participation, each individual will be in CWEP for 25 hours a week, for a total household participation of 50 hours per week.
- (2) No participant will be required to work more than 32 hours a week.
- (3) The calculation of the hours to be worked weekly will be made every six months by the ESW and when there is a change in the assistance unit.

Note: If the hours calculated for participation in CWEP do not meet the federal participation minimum requirement, the participant will be assigned to a concurrent work activity **unless the individual or the individual's household member for whom the individual is responsible has a verified disability that prevents participation in a concurrent activity**. State code mandates the method by which CWEP hours are calculated.\*

D. Requirements for CWEP

- (1) Each VIEW participant in the TANF case must work the required hours based on the calculations described above. The VIEW Referral to Work Site Form is used to refer participants to a work site for an initial interview.
- (2) The time required to travel to and from the work site will not be counted as hours worked.
- (3) A participant may receive education and skills training during the participant's initial six months of participation in CWEP. A maximum of eight hours a week of the required CWEP hours can be used to participate in educational, training, job search, and/or job readiness activities.
- (4) After the initial six months of participation in CWEP, the number of hours a participant works can be reduced to allow increased participation in education/or skills training to further the participant's employability, or the participant can be assigned to another CWEP site, if appropriate.

E. CWEP Work Site Development

- (1) The ESW or work site supervisor will complete a Work Site Position Form which lists the job duties and requirements for each CWEP position.

\* Code of Virginia 63.2 - 608

- (2) The work site supervisor will be given a written explanation of his responsibilities in supervising a CWEP participant.

The supervisor's responsibilities should include, but are not limited to the following:

- (a) Provide supervision and training as agreed upon in the Community Work Site Agreement (032-02-308), as well as supplies, tools and work space needed to do the job.
  - (b) Each month, complete the Attendance/Performance Rating Sheet (032-02-305) and rate the participant's performance.
  - (c) Notify the worker if the participant does not show up for work, is consistently out of compliance with the rules of the work site, or if there are any work-related accidents.
  - (d) Conform to all rules regarding job displacement and secular activities.
  - (e) Explain the employer's rules of the work place to the participant.
  - (f) **Ensure that reasonable accommodations are provided at the work site, if they are required by the Activity and Service Plan.**
- (3) The ESW should attempt to develop work sites which serve a useful public function; examples would be health care facilities, social services, charitable and environmental protection organizations, education, urban and rural development organizations, recreation, public facilities, public safety and child care.

F. Duration of Community Work Experience

- (1) The participant's initial assignment to CWEP must be for a period of six months. Any subsequent assignments must be for a minimum of three months.
- (2) There is no limitation on the number of a participant's assignments to the community work experience component.

G. Work Site Monitoring

- (1) Each month, the supervisor must complete the Attendance/Performance Rating Sheet. The days and hours the participant worked must be reported as well as the supervisor's opinion regarding continuation of the participant at the CWEP site. If the supervisor recommends removal, he must document the reason.
- (2) Every three months, the worker must conduct a reassessment with the

TRANSMITTAL 27

participant. Prior to the reassessment, the worker must contact the work site supervisor to determine if the participant is satisfactorily performing the duties of the job. If the participant is not satisfactorily performing the duties of the job, the worker will, with the supervisor's assistance:

- (a) identify the duties which are not being satisfactorily performed;
  - (b) determine why the duties are not being satisfactorily performed; and
  - (c) identify ways to improve the participant's performance.
- (3) The worker will remove the participant from the CWEP site for misconduct or violation of the employer's rules as stipulated in the work site agreement.

#### H. Limitations

- (1) The participant will not be required to use their public assistance income or personal resources to pay costs incurred while participating.
- (2) A CWEP participant cannot displace persons currently assigned to established unfilled positions. The participant must not perform tasks which would have been undertaken by current employees or which would have the effect of reducing the work hours of paid employees. A participant cannot be placed in the position of a worker who is on sick leave, annual leave, leave without pay, or any other granted leave with or without pay; that would be an act of displacement. **For more information on displacement of regular employees see page 30 (c), item (2).**
- (3) The participant will not be assigned to work sites which are totally involved in political, electoral or partisan activities. The participant may be assigned to sites developed in the office of an elected official; however, the participant cannot be required to be engaged in political, electoral, election or partisan activities.
- (4) Work sites must provide reasonable working conditions and must not violate Federal, State or local health and safety standards. Though the ESW does not monitor working conditions, if the ESW has knowledge of violations, he should take action to terminate the agreement or bring the work site into compliance.
- (5) The work sites will not be developed in response to, or in any way be associated with, the existence of a strike, lockout, or other bona fide labor dispute, or violate any existing labor agreement between employers and employees.
- (6) The ESW should take into consideration the prior training, experience and skills of a participant when making CWEP assignments. The ESW may



consider assignments which primarily address work behaviors and habits necessary to become employed.

- (7) The ESW will not assign the participant to projects which require unreasonable travel time or which require the participant to remain away from his home overnight without his consent. A round trip in excess of two hours from the participant's home is considered an unreasonable distance in any situation. The transportation time determined reasonable should be relative to the number of hours being worked in a day.
- (8) Charitable Choice\* - When a participant is assigned by the ESW to receive services from a faith-based organization, the participant has the right to object to the services provided by the faith-based organization. If a participant objects to the services, the worker must provide him/her with services from any alternative provider that will give the same value of services. See Chapter 1000, page 70 and Appendix B, Page 7.

#### I. Workers' Compensation

Workers Compensation coverage is not provided by the Department of Social Services. To participate in CWEP, the client must have medical coverage. If the participant is not eligible for Medicaid, then he must not be placed in CWEP unless the work site agrees to provide Worker's Compensation coverage.

\* Public Law 104-193

## 4) On the Job Training or Other Subsidized Training

A. The following are other examples of subsidized employment or on-the-job training to be used as a work activity in the VIEW Program:

- (1) On-the-job training offered through the **WIA** Program;
- (2) Work study offered through a community college or a four year college program;
- (3) Apprenticeship programs;
- (4) Paid internships offered by colleges or training providers in which the participant receives a wage or stipend for working and receiving training while on the job; or
- (5) Sheltered workshop employment,
- (6) Unpaid practicum offered through a college program;
- (7) Unpaid internships through a college program or training program.

B. If these activities are offered 30 hours per week or **more**, the participant will not be required to participate in another concurrent activity. If the hours are **less than** 30 per week the participant must be assigned to another concurrent activity **unless the individual or the individual's household member for whom the participant is responsible has a verified disability that prevents the individual from participating in a concurrent activity.**

C. Unpaid on the job training is usually provided in conjunction with an education or skills training program. Training of this type must always be offered with a specific employer to be considered a work activity in VIEW. To record unpaid training that occurs in conjunction with an education or training program, separate the hours of classroom instruction from the unpaid training. Record the classroom training as either skills training or education, with an appropriate component descriptor. Record the hours of unpaid training as component 19 with a component descriptor of 999.

## D. Education Below the Post-Secondary Level

## 1) Educational Activities

- a) Participants assigned to this component will be those identified as needing certain educational activities to become ready for further education, training or job entry. Participation in education programs below the Post-Secondary level will be limited to one year. Instruction in these activities may be provided in nontraditional educational settings, e.g., accredited correspondence or interactive satellite transmitted courses. The necessary verification and documentation is still required.
- b) Educational activities are defined as basic and remedial education that will provide an individual with a basic literacy level equivalent to at least grade 8.9.

- (1) education designed to prepare individual for a high school degree or its equivalent (GED).
  - (2) Community based literacy programs that provide education activities for individuals who require remediation to acquire a grade 8.9 literacy level.
  - (3) Education in English proficiency (ESL) for a recipient who does not understand, speak, read or write the English language.
- 2) Limitations
  - a) Educational activities can only be provided in conjunction with a work activity during the participant's two year time period.
  - b) Participants who enroll into education prior to coming into VIEW will be required to participate in a concurrent work activity
  - c) Participants will not be assigned to an educational activity which cannot be reasonably completed within one year of participation.
- 3) Monitoring Satisfactory Attendance and Progress
  - a) Participants in educational activities will be monitored to assure satisfactory progress. Satisfactory progress is used to periodically assess the continued appropriateness of the educational assignment.
  - b) Satisfactory progress is defined as one grade level increase for every three months of participation in an educational component.
    - (1) If a participant, during the first three months of participation, has not shown a grade level change, **the worker and instructor will discuss whether the individual may have a cognitive, developmental, learning or other disability that is impeding the individual's progress. If it appears to the worker or instructor that there is a possibility that this is the case, the participant will be referred for a learning disability screening, and if screening indicates that the individual is likely to have a learning or other disability, the individual will be referred for an in-depth evaluation. If the results of this evaluation indicate that the individual has a disability and there are accommodations that could enable the individual to make satisfactory progress in the program, these accommodations must be advocated for by the worker and provided for by the educational provider.**

**If neither the worker nor the instructor believes there is any likelihood that the individual has a disability that is impeding**

**progress, or an individual is referred for screening, and if appropriate, an evaluation, and screening and evaluation rule out the possibility of a disability, the worker and the instructor will discuss whether the participant should be placed in another activity which may better facilitate the participant's job readiness. This discussion should also take place if the participant chooses not to undergo screening and evaluation.** The results of this discussion will be documented in the worker's contact log.

- (2) No participant will be allowed to continue in an educational component if there has not been a grade level change after the initial six months of participation in the component.
- c) Copies of attendance records, certificates, diplomas, grades and, where applicable, competencies achieved will be examined and maintained in the participant's record at the local social service agency.
- d) Documentation of progress must be made every three months.
- e) Instructors must complete the Attendance/Performance Rating Sheet on a monthly basis to track satisfactory participation.

#### E. Post-Secondary Education

- 1) Post-Secondary education is formal instruction at an institution of higher education or vocational school leading to the attainment of a certificate, an associate degree or a baccalaureate degree. Instruction in these activities may be provided in nontraditional educational settings, e.g., accredited correspondence or interactive satellite transmitted courses. The necessary verification and documentation is still required.
  - a) Limitations
    - (1) Post-secondary activities will be limited to a period of twenty-four months. Participants will not be assigned to an educational activity which cannot be reasonably completed within a twenty-four month period of participation. **The ESW must advocate for immediate accommodations from the education provider if needed as a result of a verified disability or as a result of the verified disability of the household member.**
    - (2) The post-secondary education must be related to the jobs which are available in the community or are projected to become available in the community.
    - (3) Participants referred to post-secondary activities, with the exception of participants enrolling into certificate programs, must have a high school diploma or GED prior to beginning the curriculum.

- (4) Participants with a Certificate, Associate or Baccalaureate degree will not be offered additional post-secondary education. These participants are considered to have the education and ability needed to obtain employment.
- (5) Reimbursement for tuition, books and fees will be made for only the twenty-four month period unless the participant has been granted a hardship exception or participants where the extension of benefits for up to one year will enable the participant to complete employment-related education. The participant must apply for all available sources of funding including Pell grants, scholarships, work study or other sources.
- (6) Participants who enroll into education prior to coming into VIEW will be required to participate in a concurrent work activity and meet the requirements of the program.

2) Monitoring Satisfactory Progress in Post-Secondary Education

- a) Participants in educational activities will be monitored to assure satisfactory progress. Satisfactory progress is used to periodically assess the continued appropriateness of the educational assignment. Satisfactory progress is defined as maintaining a "C" average for each grading period and completing the number of credits needed each grading period to successfully complete the degree in the two year time period.
- b) The ESW must obtain copies of attendance records, certificate, diplomas, and grades, all of which must be maintained in the case record. Where applicable, competencies will be examined and maintained in the participant's record at the local social service agency.
- c) The ESW must make proper documentation of the participant's progress at a time consistent with the institution's schedule, e.g. at the end of a semester or quarter.
- d) If a participant is not making satisfactory progress, the worker will meet with the participant to discuss the reasons. **During this meeting, the worker and participant will discuss whether the individual may have a cognitive, developmental, learning or other disability that is impeding the individual's progress. If it appears to the worker or participant that there is a possibility that this is the case, the participant will be screened for a learning disability screening, and if the screening indicates that the individual is likely to have a learning or other disability, the individual will be referred for an in-depth evaluation. If the results of this evaluation indicate that the individual has a disability and there are accommodations that could enable the individual to make satisfactory progress in the program, these accommodations must be advocated for by the worker.**

**If neither the worker nor the participant believes there is any likelihood that the individual has a disability that is impeding progress, or an individual is referred for screening, and if appropriate, an evaluation, and screening and evaluation rule out the possibility of a disability, the worker will determine whether to sanction or if the participant should be placed in another activity**

**which may better facilitate the participant's job readiness.**

- e) **If a participant is not making satisfactory progress for two or more grading periods, and disability has been ruled out as reason for lack of satisfactory progress, or the participant chooses not to participate in screening and assessment to determine whether a disability is a reason for lack of satisfactory progress, the participant must be reassigned to a different component or sanctioned.**

**If the person has a verified disability and there are reasonable accommodations that would help the individual make progress in the program, they must be advocated for by the ESW and provided by the education institution. An individual cannot be reassigned to another component on the basis that he or she has not made satisfactory progress until the individual fails to make satisfactory progress after these accommodations are provided or necessary accommodations, as determined by the educational provider, are not provided by the educational provider.**

- f) Providers must complete an Attendance/Performance Rating Sheet each month to track satisfactory participation.

F. Self-Initiated Education

- 1) Self-initiated education is education initiated by the participant, and in which the participant is enrolled at the time of assessment. For purposes of this component, the education must be in an institution of higher education that results in an associate or baccalaureate degree or certificate.
- 2) All participants enrolled in educational activities prior to coming into VIEW will be required to participate in concurrent work activities.
- 3) The following procedures will be used by the ESW to approve self-initiated education:
  - a) All recipients who have self-initiated in education must have their education approved by the ESW in order to pay for supportive services.
  - b) The ESW will complete an assessment form, an Agreement of Personal Responsibility and an Activity and Service Plan for each participant prior to approving the self-initiated education.
  - c) If child care is needed, the ESW will notify the child care staff of the approval or disapproval of the self-initiated education. Child care staff will not authorize child care in cases in which the ESW has disapproved the self-initiated education.
  - d) The education must be for jobs available in the community or are projected to become available in the community.
  - e) Participants, for whom grades have been issued, must have a "C" average in order to have their self-initiated education approved.
  - f) If the participant is enrolled in education which will require more than two years to reasonably complete, the participant may be allowed to continue in the activity if they are satisfactorily progressing. However, the participant will not be eligible for a

Hardship Exception based on the extension of education for up to one year beyond the two-year time period.

- g) The participant must also meet the conditions previously described in the sections on limitations for and monitoring of post-secondary education.

#### G. Jobs Skills Training

Jobs Skills Training is training in technical skills and required knowledge specific to an occupational area in the labor market. The Governor's Employment and Training Department **may** facilitate job training.

##### 1) Limitations

- a) The choice of occupational skills training offered may vary in each locality, depending upon local labor market conditions. However, skills training must be related to the types of jobs that are available or are projected to become available in the community.
- b) Prior to entering job skills training, participants must meet any educational or technical requirements of the occupation for which they are receiving skills training or be enrolled in an activity to meet the requirements.
- c) Participants, who enroll into job skills training prior to coming into VIEW, will be required to participate in a concurrent work activity.
- d) Participants will not be assigned to skills training which requires more than twenty-four months to complete. An extension for a second year of training will only be made if the participant can be expected to complete the training during the second year, had made satisfactory progress during the first year and was enrolled full-time.
- e) A participant who has previously successfully completed a skills training component will not be offered additional skills training unless he meets one of the following conditions:
  - (1) There are no jobs in the community for the occupation in which the participant completed training, nor are there jobs projected in the future for this occupation; or
  - (2) The participant needs additional training in the occupation in order to become licensed or certified, and certification or license is needed to obtain a job in the occupation.
  - (3) Every effort should be made to work with a participant who has already successfully completed a skills training component to find employment in the occupation for which he has already trained.

- f) A participant who has been enrolled in no more than two skills training components in the VIEW Program, and who did not successfully complete due to reasons solely within his control, will not be assigned to another skills training component.

## 2) Vocational Education \*

If the worker determines the participant is in need of and would benefit from immediate job skills training, the participant, with his consent, may be placed in a vocational education program rather than up-front job search. The program must be targeted to skills required for particular employment opportunities in the area.

- a. A participant must meet two or more of the following qualifying criteria:
  - 1. have less than a high school education;
  - 2. have reading or math skills at or below the eighth grade level;
  - 3. have not retained a job for a period of at least six consecutive months during the prior two years;
  - 4. is in a substance abuse treatment program or receiving services through a family violence treatment program.
- b. The vocational education program must meet a minimum of thirty hours per week.
- c. Prior to placing the participant in the vocational education program, a potential employer must be identified. A written statement from the employer must be obtained stating the participant will be placed, if qualified and the employer has an opening in a job at the conclusion of the program.
- d. The participant will be required to work an average of at least eight hours per week in unsubsidized employment or CWEP in conjunction with the vocational education program, **unless the individual or household member for whom the participant is responsible has a verified disability that prevents the individual from participating in a concurrent activity.**
- e. The participant will be allowed to remain in the program for as long as the agency determines he is progressing satisfactorily. The program cannot exceed the VIEW two-year time period.

## 3) Monitoring Satisfactory Progress in Job Skills Training

- a) Satisfactory Progress is measured according to the attendance and satisfactory progress policies developed by the training provider and approved by the local social service agency.
- b) The ESW will monitor the participant to assure that he is making satisfactory progress. Satisfactory progress is used to assess the continued appropriateness of the skills training.

\* Code of Virginia 63.1-133.49



- c) The ESW will examine and maintain in the participant's case record, copies of attendance records, certificates, diplomas, grades and where applicable, competencies.
- d) Documentation of satisfactory progress must be made every three months. The worker will contact the instructor to determine if the participant is satisfactorily progressing and to determine if the participant will successfully complete within the two-year time period. Documentation of these discussions should be kept in the contact log.
- e) If a participant is not making satisfactory progress, the ESW will meet with the participant to discuss the lack of progress. A determination will be made as to whether the participant should continue in the component or be assigned to another component. **If the participant has a verified disability and there are reasonable accommodations that would help the individual progress in the program, the ESW will work with the skills training provider to put such accommodations in place.**
- f) Participants who have not made satisfactory progress after six months of participation in a skills training component should be reassigned to another component which he can be expected to satisfactorily complete.
- g) Training providers must complete an Attendance/Performance Rating Sheet each month to track satisfactory participation.

#### H. Self-Initiated Training

- 1) Self-initiated training is training initiated by the participant and in which the participant is enrolled at the time of initial assessment.
- 2) Participants who enroll into training programs prior to coming into VIEW will be required to meet the requirements of the program.
- 3) The ESW will use the following procedures to approve self-initiated skills training:
  - a) All recipients who have self-initiated in skills training must have their skills training approved by the ESW in order to pay for needed supportive services.
  - b) The ESW will complete an Assessment form, an Agreement of Personal Responsibility, and an Activity and Service Plan for each participant prior to approving the self-initiated skills training.

- c) If day care is needed, the ESW will notify the day care staff of the approval or disapproval of the self-initiated skills training. Day care staff will not authorize day care in cases in which the ESW has disapproved the self-initiated skills training.
- d) The skills training must be for jobs available or likely to become available in the community.
- e) If grades have been issued for the training activity, the participant must have met the satisfactory progress requirements of the provider.
- f) If the participant is already enrolled in skills training which will require more than two years to reasonably complete, the participant may be allowed to continue in the activity if they are satisfactorily progressing but will be ineligible for a Hardship Exception based on the extension of training.
- g) The participant must also meet the conditions previously described in the sections on limitations and monitoring of skills training.

#### I. Job Development and Job Placement

- 1) The Department and local departments will work with other state, regional and local agencies to develop job placements. Job finding and job matching leading to independent employment will be facilitated by the Virginia Employment Commission and the Department of Economic Development. A description of the local agency's Job Development and Job Placement activities should be included in the annual plan.
  - a) Each locality will offer a Job Development and Job Placement component to solicit public and private jobs, to market participants, and to secure job interviews.
  - b) Each locality can assign the participant to Job Development and Job Placement activities concurrent with job search activities.
  - c) Each locality will identify employment opportunities and potential business expansion which may be available for participants.
  - d) Each locality will market job ready participants to the business community through locally designed initiatives such as, but not limited to, program literature, special mailings and telephone networking.
  - e) Existing public and private providers of job development/job placement services, such as VEC, JTPA, and the Department of Economic Development will work with the local departments to facilitate job development and job placement.
  - f) Agencies are encouraged to contract with public and private job development and job placement providers if the services are not available from another provider free of charge.
- 2) The ESW will not assign a participant to Job Development and Job Placement for longer than 90 days. Participants assigned to Job Development and Job Placement must be assigned to a concurrent work activity. **However, where the ESW determines that, as a result of a person's verified disability or the verified disability of a household member for whom the participant is responsible, the person will benefit from a longer period**

**of participation, this is a reasonable accommodation and the period can be lengthened. Similarly, if the ESW determines that, due to a person's verified disability, participation in Job Development and Job Placement will be more successful if not combined with a concurrent work activity, this would be a reasonable accommodation for that individual.**

J. INACTIVE

1. Inactive is a status assigned to participants who cannot participate in the program for reasons other than being exempt. Individual assignments to inactive will be for 30 days only. Participants may be reassigned to inactive; however, multiple assignments to inactive will be closely monitored.
2. Participants will be assigned to inactive if:
  - a. The local agency determines that transportation is unavailable.
  - b. The participant is unable to make child care arrangements and the local agency is unable to make day care arrangements.
  - c. The participant provides a written medical statement of mental or medical problems expected to last for at least 30 days, which would make participation impractical. If the mental or medical problem is expected to last longer than 30 days, the ESW will refer the participant to eligibility for re-evaluation of the participant's exemption status.
  - d. The participant has a family crisis or a change in individual or family circumstances, such as the death or illness of a spouse, parent or child, family violence situations, or other limited circumstances not of the participant's own making. If the participant is in a substance abuse treatment program for which verification has been provided, he may also be placed in an inactive status.

In these circumstances, the ESW may continue to offer supportive services including day care and transportation (in order to assist the participant in returning to active status).

- e. **Because of a verified disability, the participant needs services, supports or accommodations to participate in work activities, but those services, supports or accommodations are unavailable.**
- f. **The participant is participating in health, mental health, or substance abuse treatment or rehabilitation services and participation in these activities prevent him/her from participating in work activities. Supporting documentation that participation is necessary is required. Do not place the participant in inactive if participation in these activities is considered participation in a component.**
- g. **Screening indicates the participant has a potential disability but an assessment by a qualified professional is unavailable.**
- h. The participant will also be placed in inactive status if all of the following conditions exist:
  1. The participant is providing day care for the child of a relative who is in school, training or employment;
  2. The participant, the child and the relative all live in the same household and all are in the same assistance unit;
  3. The agency is unable to make other day care arrangements for the child; and

4. The relative's school, training or employment would be disrupted without the child care.
  - i. The ESW must document in the case record the reasons for assigning a participant to an inactive status. In order to assist the participant, the ESW must outline a plan with actions and anticipated time schedules to assist the client to resolve issues and overcome barriers to participation. The ESW must make referrals to the social worker or other appropriate resources to arrange social services needed by the participant. The results must be documented in the case record.
  - j. The ESW will review the participant's inactive status every month, and complete a new Activity and Service Plan.
  - k. The months in which a participant is assigned to inactive will not count toward participant's two- year time period.

**K. PENDING**

1. Pending is a status assigned to participants who cannot move immediately into a component, but who are anticipated to enter a component within two months. The months in which a participant is assigned to pending will count towards the participant's two-year time period.
  2. Participants in Pending must have their Activity and Service Plans reviewed at least every two months.
  3. Participants will be placed in Pending for the following reasons:
    - a. To await the outcome of a re-evaluation request to the EW.
    - b. Because of a delay in the commencement of a planned activity.
    - c. Because day care, transportation or supportive services are unavailable, but are expected to become available within 30 days.
    - d. **Because an individual has a verified disability and needs services, supports or accommodations to participate in work activities, but those services, supports or accommodations are not available, if they are expected to become available in 30 days.**
8. Targeted Employer Grant (Repealed effective July 1, 2004)

**PAGES 50 – 51 INTENTIONALLY LEFT BLANK**

## 9. REASSESSMENT

A. Reassessment provides the ESW and the participant the opportunity to review the participant's progress in the VIEW program and address any problems which may present an obstacle to full-time employment.

1) Reassessment after the initial job search

- a) At the completion of the initial job search assignment, the ESW will reassess the participant.
- b) The ESW must conduct an individual, face-to-face reassessment interview and complete a new Activity and Service Plan for signature.
- c) If the participant has not found unsubsidized employment by the 91<sup>st</sup> day after the queue assignment, he will be assigned to the Full Employment Program (FEP) or other subsidized employment, on the job training provided by an employer, or community work experience (CWEP). If an appropriate site is available, the participant should be placed in FEP.

2) The reassessment will identify the reason the participant was unable to obtain full-time unsubsidized employment and the ESW will assist the participant in resolving the identified barriers, **including barriers which may be disability-related. If there is a reason to believe that the participant's failure to find full-time employment is related to a disability, the worker may offer screening, and if the screening identifies that the individual is likely to have a disability, will offer an in-depth evaluation, to identify the nature and severity of the disabilities, the individual's limitations, and any accommodations needed. The individual's Activity and Service Plan will be revised to reflect this information.**

3) If the ESW cannot place the participant into a FEP position or an on the job training position provided by an employer, he will assign the participant to CWEP for at least six months. If the participant obtains full-time unsubsidized employment during the CWEP placement, participation at the CWEP site will no longer be required. If part-time employment is found, the required CWEP hours may be reduced accordingly.

A. Reassessment procedures

- 1) The ESW will conduct a reassessment whenever the participant leaves or completes an assignment. The scheduling of reassessment appointments should be done prior to the end of



the current assignment to ensure that participants are reassessed as soon as possible after the end of an activity. New assignments will be scheduled to begin within two weeks of the reassessment, if possible. This practice will have a positive impact on the participation rate as the amount of “down” time between activity assignments will be reduced.

- 2) The ESW may conduct a reassessment through a face-to-face interview, by phone, or by mail. At a minimum, the ESW must conduct a face-to-face interview every six months.
- 3) At reassessment, the ESW will assign the participant to an activity and draft a new Activity and Service Plan. The Activity and Service Plan must list the activities to which the ESW will assign the participant during the months remaining in the participant's two year time period. The Activity and Service Plan must also list the current activity to which the ESW has assigned the participant. If the reassessment is conducted in a way other than face-to-face, the Plan must be mailed to the participant and documentation of such included in the case record. Documentation must also include the date on which the new plan was discussed and agreed upon by the participant.
- 4) The ESW will place the participant into a work activity no earlier than the 90th day and no later than the 95th day after assignment to the queue.

#### 10. PARTICIPATION AND PARTICIPATION RATE REQUIREMENTS

- A. Federal law requires that each state meet participation rates for TANF and TANF-UP in order to avoid a reduction in the state's block grant funding. **The reduction in the block grant is 5% (approximately \$8 million). For each successive year the participation rate is not achieved, the penalty is increased by 2% of the block grant. The maximum penalty is 21% of the block grant (approximately \$33 million).** In order to ensure that the state meets the participation requirement, each locality will be monitored to assure that a specified percentage of TANF clients participate in work activities an average of the federally required hours.

The following chart reflects what the federal participation rate requirements are through the year 2002 for all TANF and TANF-UP families.

	ALL TANF FAMILIES		TANF-UP FAMILIES	
Federal Fiscal Year (Oct.-Sept.)	Participation Rate	Work Activity hours required per week	Participation Rate	Work Activity hours required per week
2000	40%	30	90%	35
2001	45%	30	90%	35
2002	50%	30	90%	35

- B. Participation is measured based on the number of families with an adult or minor head of household meeting participation requirements, which is the numerator, compared to the denominator, **which is the total number of TANF cases minus: child only cases, cases that are exempt from VIEW, and VIEW sanction cases. Families that are exempt from participation in VIEW do not count in the denominator. (As of July 1, 2003 exempt families will count in the denominator.)** Agencies are encouraged to monitor both individual and locality participation. All VIEW clients shall be required to participate in activities that meet the federal work participation requirement, (i.e. activities that are the required number of hours in mandatory and optional work activities). Please see the following calculation.

#### CALCULATION OF THE MONTHLY PARTICIPATION RATE:

NUMERATOR: # of VIEW families who participate in the required work activities for **at least** the required minimum hours for the month. These are actual hours, not scheduled or averaged hours.

-----divided by-----

DENOMINATOR: # of TANF cases minus: **child only cases, VIEW exempt cases and VIEW sanction cases.**

- C. Actual hours of participation in VIEW, not scheduled hours, are counted in determining whether the hourly requirement is met. When reporting participation monthly, the actual hours should be recorded in the system.
- D. Number Meeting Participation Requirements
- 1) All TANF Families - The number meeting the participation requirements for TANF families

is the number of participants who are in a combination of work activities for a total of at least 30 hours a week, based on the current fiscal year requirement.

- 2) TANF-UP Families – To assist in the strengthening of two-parent families, TANF –UP cases should be treated as priority referrals. Also, the TANF-UP participation rate is higher and these families may be in need of more intensive services to meet participation requirements. These households are required to participate a minimum of 35 hours per week. If one parent in an active TANF-UP case participates at least 35 hours per week in work activities, he will have met the federal hourly requirement for the family; however, for the purposes of the participation rate, the required 35 hours per week may be split between the two parents. If both parents are mandatory participants in VIEW, each will participate.

If the TANF-UP family receives child day care services through the local agency, the parents must participate in federal participation activities for a minimum total of 55 hours per week.

Note: A single or married parent under the age of 20, satisfactorily attending high school, GED or ABE classes will count toward the participation rate.

- 3) Activities included in the federal participation rate:
- a. Unsubsidized Employment
  - b. Subsidized Employment (FEP)
  - c. Community Work Experience
  - d. Individual Job Search/Group Job Search/Job Club/Job Readiness and Other Locally Developed activities
  - e. Vocational Education Training (Job skills and self-initiated training that is offered in a public school setting)
  - f. Jobs skills training and self-initiated skills training
  - g. Education directly related to employment (ABE and GED activities)
  - h. English as a Second Language (ESL)
  - i. Satisfactory School Attendance for Individual without a High School diploma or GED
  - j. On-the Job Training

4. Activities that do not count in the numerator
  - a. Post Secondary –Associate or Certificate
  - b. Post Secondary – 4 Year Degree
  - c. Self-Initiated Education – Post Secondary
  - d. Job Development and Job Placement
  - e. Inactive
  - f. Pending (unless employed )

E. Satisfactory Participation

Satisfactory participation will be documented in the system as “Y” if the participant participated the required number of hours as agreed in the Activity and Service Plan. An “N” will be entered if the participant did not participate all of the required hours. The actual hours of participation is what should be entered into the system monthly. For the purpose of determining whether or not a participant should be referred for sanction because he did not participate the number of hours agreed upon in the Activity and Service Plan, good cause will be evaluated to determine if the reason for not fully participating was legitimate. Satisfactory participation will be documented on the Attendance/Performance Rating Sheet and Attendance Record or an agency developed method. Local staff must stress the importance of timely reporting to participants and providers to assure information is provided as needed.

Local agencies should develop procedures to ensure that reporting is accurate and timely.

Local agencies must maintain a record of attendance on each participant they are serving. At a minimum, documentation must include the number of hours scheduled and the number of hours the participant actually attended on a monthly basis. If the attendance record is not maintained in the participant’s record, the worker must document how the number of hours the participant attended was verified.

- F. To calculate the average weekly hours of participation during the month, total the hours the participant actually participated for the month and divide by 4.33. The following are rules for counting hours for participation:
- 1) The hours will count in all active program components except for Job Development and Job Placement. Activities recorded as “other locally developed” in the automated system will count as job readiness for the purposes of federal reporting.
  - 2) In Job Search, each employer contact will count as three hours. These hours are in addition to scheduled hours for Group Job Search or Job Club. **For example, five contacts per week meets 15 hours of the 30-hour weekly participation requirement. The participant must engage in other assigned activities for the remaining 15 hours per week.**
  - 3) Work-study hours count towards hours of participation and will be recorded as employment.

- 4) Study time will count if it is structured, supervised and scheduled. If there is a structured lab or other activity (such as tutoring) scheduled by the institution or agency, with instructor supervision designed to support the activity, the hours will count toward the participation rate.
- 5) Entry into an apprenticeship program will count as a job entry once the participant begins to earn a wage. Any training prior to or during the apprenticeship will count as hours of participation in Job Skills Training.
- G. Individuals who are assigned to pending or inactive are counted in the denominator of the participation rate calculation. Sanctioned individuals are not.
- H. Homework and time spent commuting to and from activities cannot be reported as participation.

#### 11. TERMINATION OF TANF BENEFITS

If a participant fails to report for his initial assessment, or refuses, without good cause, to sign the Agreement of Personal Responsibility, the household's TANF benefits will be terminated.

##### A. Notice of Termination Procedures

- 1) The ESW will **send a written communication to the EW** within 3 working days of the date the participant did not attend the scheduled interview or refused to sign the Agreement. The **written communication will advise the EW to send an Advance Notice of Proposed Action** to inform the participant that he has **10** days to contact the VIEW worker in order that good cause for not keeping the appointment or signing the Agreement may be evaluated. The case may not be closed until after the **10** day period has passed. **The client may request a conference with the worker and explain why he thinks the agency has made a mistake.** Merely contacting the worker does not constitute good cause.
- 2) The Notice will inform the participant that he failed to meet the specific requirement and that in order to establish good cause, the participant must contact the ESW within **10** days from the date of the notice to discuss the reasons for the claim of good cause. The Notice will inform the participant that his TANF check will be terminated if good cause does not exist. If the participant contacts the worker within the **10** day grace period (with or without good cause) and is given another initial assessment appointment date, the new appointment letter should state that the termination will be imposed if that appointment is not kept. A new **Advance Notice of Proposed Action** is not required.
- 3) If the participant fails to contact the ESW within **10** days to establish good cause or does contact the worker but does not present good cause, the **EW will** proceed to terminate the household's TANF benefits. **A new written communication has to be sent to the EW to stop the sanction if the client presents acceptable documentation of good cause for the non-compliance.**

- 4) The ESW will not enter the termination in the automated system until after the proposed effective date of the termination of TANF benefits. This practice will decrease the number of cases called into the hot-line requesting assistance in reopening cases that were terminated prematurely.

Note: In agencies which one worker manages both the VIEW and TANF case, the referral is not needed. However, the same time frames for sending the appropriate notices, determining good cause and entering the appropriate actions into the automated systems, will be adhered to.

B. Documentation For Failure To Report For The Initial Assessment

- 1) The ESW will notify the participant of the scheduled interview.
- 2) If the participant fails to keep the appointment, the ESW must document the failure in the contact log.
- 3) The ESW must **either send the participant an Advance Notice of Proposed Action or send a written communication to the EW to send the participant an Advance Notice of Proposed Action.** A copy of the Notice must be **placed in** the case record.
- 4) The ESW must document in the contact log that a telephone call or personal contact was attempted.

C. Documentation for Failure to Sign the Agreement of Personal Responsibility

- 1) The ESW must document in the contact log that the participant refused to sign, or did not sign, the Agreement of Personal Responsibility.
- 2) The ESW must **either send the participant an Advance Notice of Proposed Action or send a written communication to the EW to send the Advance Notice of Proposed Action.**

12. SANCTIONS

A sanction is the suspension of the household's entire TANF grant for program noncompliance. Food Stamp benefits may also be affected.

All TANF and TANF-UP recipients who are determined eligible for the VIEW Program and have already signed an Agreement of Personal Responsibility, are required to participate in the VIEW program. Recipients are subject to sanction if they fail to participate without good cause.

A. Good Cause for Failure to Participate

- 1) **When a client is not in compliance with VIEW, the agency must attempt to contact the client by phone to encourage participation, explore good cause, and/or notify the client of a possible sanction. In addition, the VIEW Notice of Sanction/Termination may be sent. If the ESW determines that the participant did not have good cause or is unable to contact the participant, an Advance Notice of Proposed Action must be sent to the client. The ESW will send a written communication to the EW to send the notice. The communication will include the non-compliance act. The EW will send a copy of the Advance Notice of Proposed Action to the ESW for the case record. The client has 10 days from the date of the notice to contact the ESW to show good cause. Any documentation to confirm good cause has to be presented in this time period.**

- 2) A participant who has good cause for noncompliance will not be sanctioned. Good cause will exist if:
    - a) The participant's inability to fulfill program requirements is due to circumstances outside his control or is the result of a change in circumstances over which the participant had no control. **This includes situations in which the reason for the participant's non-compliance was that the participant had a disability or a household member with a disability that was not identified or was identified but not addressed. The worker must allow the client 30 days to verify the disability prior to referring for sanction.**
    - b) Acceptable child care is not available when necessary for an individual to accept employment or enter or continue in the program. To be acceptable, the child care must meet all of the following criteria:
      - (1) The child care must be arranged:
        - (a) by the participant, or
        - (b) if the participant can not arrange for the child's care, it must be arranged by the local department of social services with a legally operating provider;
      - (2) The child care must be within a reasonable distance from the participant's home or work site. This means that the travel time from the child's home to the child care provider and the work site is generally no more than one hour, based on transportation available to the parent;
      - (3) The child care arrangements must be affordable. This means the cost of the child care is less than or equal to the payment amounts specified in the Child Day Care Services policy (Volume VII, Section II, Chapter D); and
      - (4) If the child care is with a relative it must meet the requirements for relative care in the Child Day Care Services policy (Volume VII, Section II, Chapter D).
- The participant is responsible for demonstrating that she is unable to find child care for one or more of the above reasons. The local agency is responsible for determining if the information provided substantiates that needed child care that meets the above criteria cannot be arranged. The ESW must consult with the Child Day Care worker in evaluating whether a sanction is appropriate.
- c) Accepting employment would result in a net loss of cash income for the assistance unit. Net loss of cash income would result if the family's gross earned income, less necessary work related expenses, was less than the recipient's TANF check he was receiving at the time the offer of employment was made.

- 3) The good cause investigation consists of an evaluation of information in the case record. When there has been no recent contact with the participant, efforts will be made to determine if the participant has contacted the ESW to discuss the problem, given a reason for not attending an ESP interview, or for not completing an assignment, or having not kept any program related appointment.
- 4) A reasonable effort will be made to contact participants who are unable to read. The worker must document that an attempt by telephone or a personal contact has been made prior to referring the case for sanctioning.

The purpose of this contact is to ensure the participant understands the mandatory nature of the program and has an opportunity to explain the reason for noncompliance.

- 5) **Prior to imposing a sanction the supervisor must review the circumstances of the proposed sanction to ensure that the participant has been screened for disabilities or screening has been offered and refused, reasonable accommodations have been provided if needed, and the agency has attempted to notify the client verbally. The supervisor must not approve the sanction if any of these steps have not been taken. The supervisor or designee must sign the VIEW Non-Compliance Checklist. The completed checklist must be placed in the case record.**

B. Refusal to Participate

Refusal to participate occurs when a participant either:

- 1) Overtly chooses not to cooperate; or
- 2) Fails to carry out his prescribed VIEW activities without good cause.

C. Reasons for Applying VIEW Sanctions

The following are reasons for applying VIEW sanctions:

- 1) Failure to report for reassessments, job interviews or other required interviews;
- 2) Failure to actively participate in any VIEW component or activity or to complete



requirements designated in the Agreement of Personal Responsibility or Activity and Service Plan, the local Employment Services Plan and State policy. This includes failing or refusing to complete and/or return forms or provide other information by the required date;

- 3) Failure to accept bona fide job offers. A bona fide job offer is an actual job offer given in good faith without dishonesty, fraud or deceit. The job offer must:
    - a) not be beyond the physical or intellectual capabilities of the participant.
    - b) provide at least federal minimum wage or the prevailing wage for an occupation not covered by minimum wage standards.
  - 4) Termination of employment without good cause. A sanction will be imposed in the following circumstances:
    - a) removal from a community work experience work site for misconduct or violation of employer rules governing the work site;
    - b) termination from unsubsidized or subsidized employment by the employer due to problems with attendance and/or performance or inappropriate behavior, without good cause;
    - c) non-participation for the assigned hours in a component other than FEP. Participants in FEP will only be sanctioned if the employer requests that the participant's placement be terminated;
    - d) quitting a job, refusing a bona fide offer of increased work hours, or requesting a reduction in work hours without good cause, including FEP.
- D. Documentation Required for Failure to Report for Assessment, Reassessment, Job Interviews or Other Required Interviews
- 1) Correspondence advising the participant of the scheduled interview. The required contents of this correspondence are given in the Assessment and Activity and Service Plan, found in sections 3 and 4 of this chapter.
  - 2) The Activity and Service Plan forms (unless the recipient fails to appear for assessment, or appears but refuses to participate in the assessment) stating the VIEW activity to which the participant was assigned and any actions required by the participant.
  - 3) Contact log documenting all contacts with the participant.
  - 4) **A copy of the communication sent to the EW to sanction/terminate the case.**
- E. Documentation Required for Failure to Report to or Complete Education, Job Skills Training,

Full Employment Program, Job Readiness, Recipient Job Search, Job Development/Placement or Job Search

- 1) An Activity and Service Plan form showing that the participant was assigned to Education, Full Employment Program, Job Development/Placement or Job Search and stating the actions required by the participant.
  - 2) Any letters and phone calls which may have been made prior to the scheduled activity (such contacts are not required by policy).
  - 3) Any referrals to the education, training or service provider, or employer.
  - 4) Contact log documenting all contacts with the participant.
  - 5) Any records of participant's performance or progress in an activity.
  - 6) Any records of participant's attendance or the Attendance/Performance Rating Sheet.
  - 7) **A copy of the communication sent to the EW to sanction/terminate the case.**
- F. Documentation Required for Failure to Report to or complete a Work Experience/Full Employment Program Assignment
- 1) Activity and Service Plan forms showing that the participant was assigned to Work Experience or Full Employment and stating the actions required by the participant.
  - 2) Referral to Work Experience/Full Employment Site form.
  - 3) Work Experience Attendance and Performance record/Employee Rating Form.
  - 4) Contact log documenting all contacts with the participant.
  - 5) **A copy of the communication to the EW to send the Advance Notice of Proposed Action.**
- G. Documentation Required for Failure or Refusal to Accept a Bona Fide Job Offer
- 1) Description of the job offer and the circumstances surrounding the refusal including an analysis of whether the job offer met the definition of a bona fide job offer.
  - 2) All contacts with the employer.
  - 3) Contact log documenting all contacts with the participant.
  - 4) **A copy of the communication sent to the EW to sanction/terminate the case.**
- H. Documentation Required for Termination of Employment, Reduction in Wages or Refusal of a Bona Fide Offer of Increased Work Hours

- 1) Description of the job and circumstances surrounding the termination of employment, reduction in earnings or refusal of increased work hours.
- 2) Contact log documenting all contacts with the participant.
- 3) A copy of the communication sent to the EW to sanction/terminate the case.

I. Advance Notice of Proposed Action to Sanction/Terminate

- 1) This notice is sent to participants who does not comply with the VIEW program to inform participants that their benefits will be terminated.
- 2) **Upon determination to sanction the client for noncompliance**, the ESW will send a written communication to the EW to send the Notice. The communication will include the noncompliance act.
- 3) The Notice will inform the participant of the specific requirement which was not met, and advise the participant to contact the ESW within 10 days from the date the Notice was mailed in order to establish good cause or the TANF grant may be suspended.
  - a) The Notice will give the participant at least 10 days from the date the Notice is mailed to provide good cause.
  - b) If the participant does not respond to the Notice by the date given, he will be sanctioned.
  - c) If the participant responds to the Notice, the information becomes part of the documentation needed to determine if the sanction will be imposed. If the participant does not present good cause, he will be sanctioned.

J. Sanction Procedures

- 1) In agencies in which both the VIEW program and TANF benefits are not managed by one case manager, the ESW will advise the EW that a sanction is required, when to impose a sanction, and which sanction to impose. An automated message is sent to the EW via the automated system to impose the sanction or a manual communication may be sent. Eligibility will send the participant the Notice of Adverse Action to affect payment which explains the reason for the sanction, the amount of benefit reductions to be imposed, and the duration of the sanction.
- 2) For the purposes of recording and establishing sanctions, the sanction period begins on the date the participant was in noncompliance. This date is recorded in the automated system by the ESW. The effective date on the Notice of Proposed Adverse Action is the beginning of the sanction period for purposes of suspending assistance.
- 3) The sanction will be imposed the first month following the month in which the case was referred for sanctioning, if administratively possible. If not, the sanction will be imposed the following month.

- 4) In an open TANF case, if the recipient terminates employment, the EW may obtain the information first. If so, the EW will notify the ESW. The ESW will contact the employer and/or client to determine if sanctioning is appropriate.

K. Sanction Periods

A TANF or TANF-UP recipient will have his TANF benefits suspended for the following periods:

- 1) For the first failure to comply, the sanction will continue for at least one payment month or until the participant complies whichever is longer. The TANF benefits will be suspended for this sanction by 100% of the grant.
- 2) For the participant's second failure to comply, the sanction continues for a minimum of three consecutive months. The sanction will continue beyond the three consecutive months until the recipient complies. The TANF benefits will be suspended for this sanction by 100% of the grant.
- 3) For any subsequent failure to comply, the sanction continues for a minimum of six consecutive months. The sanction will continue beyond six months until the recipient complies. The TANF benefits will be suspended for this sanction by 100% of the household grant.
- 4) A participant may perform a verifiable act of compliance during the fixed sanction period. The TANF money payment; however, will not be reinstated until after the fixed period.
- 5) The months during which the participant is sanctioned will count toward the two year time period limitation. **The “VIEW Sanction Reminder Notice” (032-03-643) will be generated by ADAPT 15 days prior to the end of the minimum time period for the sanction. A second notice will be generated 90 days after the first notice is sent. The notices will be sent to the local agency’s printer. The agency will send the letters to the participants. The notice can be located on the intranet (www.localagency,dss.state.va.us).**
- 6) When an individual is receiving TANF and the category changes to TANF-UP or vice versa, the sanction count continues. For example, if an individual is sanctioned in a TANF case and the category changes to TANF-UP, the original sanction continues and must run its course in the TANF-UP case. Any new sanctions the individual incurs on TANF-UP count as being in addition to the sanctions the individual received while being required to participate as a TANF case. If the sanctioned individual leaves one TANF-UP assistance unit and becomes a member of another TANF-UP assistance unit, the sanction will follow that individual. The sanction will not remain imposed on the assistance unit the individual left. Only one assistance unit at a time will incur a sanction created by the same individual.
- 7) The ESW will advise the EW of the effective date on which to lift a sanction. Sanctions cannot be lifted during the fixed period. After the fixed period has ended, the date entered into the automated system which will lift the sanction will be the date the participant agreed to participate. The ESW will wait until the participant actually complies before notifying the EW to lift the sanction.

- 8) The EW will impose the sanction even if a participant becomes exempt after the **Advance Notice of Proposed Action** is sent. There are three exceptions to this rule:
  - a) If it can be established that the individual actually became exempt during the time he was required to participate and verification is received, the EW will not impose the sanction. However, this information must be communicated in writing to the ESW for final determination.
  - b) If the individual in a first sanction period obtains and verifies full-time employment (at least 30 hours per week) prior to the effective date of the proposed sanction, the EW will not impose the sanction. The EW must advise the ESW of this information.
  - c) If a participant becomes exempt after the end of a minimum sanction period, the sanction will be lifted as of the date the individual became exempt.
- 9) If an individual changes assistance units, the sanctions received in prior assistance units follow the individual. In other words, changing assistance unit does not remove the sanction from the individual's past record. For purposes of recording sanctions in the automated system, the sanction information should be entered on the referral record for the individual who incurred the sanction Example: TANF-UP household with two mandatory participants. Caretaker 1 is referred for sanction. Caretaker 2 remains in compliance. The sanction referral data is entered only on caretaker's 1 service supplement and that supplement is closed. In order to provide ongoing services to the other participant, their supplement would remain open.
- 10) The following guidelines are used for food stamp participants subject to sanction:
  - a) In order to sanction a participant's food stamp benefits, there are three conditions which must exist. The conditions are:
    - (1) the agency must operate the Food Stamp Employment and Training Program (FSET);
    - (2) the participant is not otherwise exempt from FSET; and
    - (3) the VIEW requirement with which the participant does not comply is comparable to a requirement in the FSET program. Comparable means the same components and activities exist in the VIEW and FSET. Comparability also does not exist when the TANF benefits are terminated because the VIEW participant refuses to sign the Agreement of Personal Responsibility.
  - b) For purposes of comparison, VIEW activities and FSET activities are comparable except that FEP does not exist in FSET.
  - c) If all the conditions exist, the ESW must notify the Food Stamp EW that the participant is to be sanctioned.

- (1) If the participant to be sanctioned is the head of the household, the food stamp benefits of the entire household will be sanctioned for one month for the participant's first food stamp failure to comply under VIEW, three months for the second failure and six months for each subsequent failure.
- (2) If the participant to be sanctioned is not the head of the household, only the participant will be deleted from the food stamp household. His entire income, however, will still be reflected in the calculation to determine the allotment of the remaining household members.

Note: Because of a number of factors, including differences in TANF and food stamp policy implementation time frames, sanction periods for TANF and food stamps may not be in alignment. Example: A participant could be in his second TANF sanction and his first food stamp sanction.

- d) If the VIEW requirement is not comparable to an FSET requirement and a TANF sanction is imposed, the EW will consider that the participant has lost his exemption status for FSET (the participant was exempt from FSET due to referral to VIEW) and the participant must register for FSET unless otherwise exempt.

### 13. COMPLIANCE

- A. Compliance occurs when the participant who failed to comply and has been sanctioned performs a verifiable act of compliance to lift the sanction during or after the fixed sanction period has elapsed. A verifiable act of compliance for the participant will be either continuing in, or completing an assigned activity.

If the TANF case is closed during the sanction period, the act of compliance may be met while the case is closed or during the pending status of a reapplication. If the individual is applying for food stamps as well as TANF, the TANF sanction is not necessarily cured by complying with FSET requirements. The individual must complete an act of compliance that matches the reason for the VIEW sanction. If that action is no longer available or appropriate, any other verifiable act of compliance deemed acceptable by the ESW will cure the sanction. This determination should be made on a case-by-case basis.

Supportive services may be provided to a participant during the time he is performing a verifiable act of compliance. Ongoing supportive services may also be provided to the other mandatory participant in a TANF-UP household who has continued to comply even when the sanctioned participant remains in the fixed period of sanction. **Reasonable accommodations must be provided to individuals with verified disabilities during the time they are performing verifiable acts of compliance and to make it possible for individuals to perform verifiable acts of compliance.**

1. Verified employment, part or full-time, is a verifiable act of compliance for all situations. The participant is still required to comply with other program requirements in conjunction with employment when applicable.
2. A verifiable act may be defined in these situations as follows:
  - a. For failure or refusal to report for an appointment or required interview - keeping another scheduled appointment or interview. (Excluding the initial assessment interview.)

- b. For failure or refusal to complete and/or return forms or other information to the agency by a required date - returning and/or completing the required form or other information.
  - c. For failure or refusal to begin, to continue in or participate in an assigned activity - beginning, continuing in or participating in an activity for up to two weeks to show a good faith effort to comply.
  - d. For failure or refusal to complete an assignment (example: job search) - completing an assignment.
  - e. For failure or refusal to obtain or accept employment – if the client obtains employment during the sanction, the employment must be maintained through the end of the sanction period.
  - f. If the assignment from which a participant has been sanctioned is no longer available or appropriate, compliance may consist of participating in or completing a different activity.
- B. Once the participant has performed a verifiable act of compliance, the sanction is lifted retroactive to the date the participant agreed to comply and subsequently did comply as agreed upon by the participant and the worker. The Activity and Service Plan should reflect the activity and the date by which the activity is to be completed. This date cannot be prior to the end of the fixed sanction period.

#### 14. TRANSFERS

- A. The ESW will transfer within five working days from the date of notification, the entire VIEW record of TANF or TANF-UP participant who moves from one locality to another.
- B. All attempts should be made to transfer the benefits and the VIEW records together.
- C. All service supplements should be updated and closed prior to case transfer.
- D. When a VIEW case with no earned income and not in sanction transfers to another agency, the VIEW clock and the 60-month clock stop until such time as the VIEW worker does an assessment and the clocks re-starts the first of the following month. The receiving agency is responsible for adjusting the clocks.
- E. When a case with earnings or one which is in sanction transfers to another agency, the clock continues.

#### 15. TRANSITIONAL SUPPORTIVE SERVICES

Transitional services are designed to facilitate stability of a former VIEW participant once he leaves TANF, either because he has reached the end of the two-year time period, or when his TANF case closes for other reasons. Workers are to inform clients how receiving transitional services will affect their period of ineligibility. Transitional services available are transportation, child care, Medicaid and employment and training.\* Eligibility for transitional services starts the first day of the month after TANF case closure and continues through the last day of the 12<sup>th</sup> month after TANF case closure. In the event the TANF case is closed and the six months job follow-ups have not been completed and the client is receiving assistance with transportation, the services will be transitional transportation. After the required six job follow-ups have been completed, the VIEW record must be closed. Former VIEW recipients may **be eligible to receive Medicaid**. Transitional services may be provided to either or both of the TANF-UP parents, provided one of them participated in VIEW at TANF case closure.

\*2002 Acts of Assembly, Appropriations, Item 354C

If the TANF case is reopened and the client is VIEW, the client no longer qualifies for transitional services. The client may qualify for VIEW supportive services. When the TANF case closes again the client may qualify for twelve months of transitional services.

- A. A former VIEW participant may apply for transitional transportation any time during the 12 months of eligibility; however, he will be eligible for only the remaining months of eligibility if he applies after the 12 month period has started. When a participant begins receiving transitional transportation, the information must be recorded in ESPAS. ESPAS is accessed through the ADAPT main menu, option 14. For detailed instructions refer to the ESPAS Manual, Chapter L.

Payments for transitional transportation may be made for any transportation related expenses that are allowed under VIEW guidelines for open TANF cases. Transitional transportation is paid out of a locality's VIEW allocation.

Evaluation of continued eligibility and the need for transitional transportation will occur every three months. Minimally, the re-evaluation will verify the former VIEW participant's employment hours. Failure to respond to requests for information will result in termination of transitional transportation services. Adequate documentation supporting reasons for termination shall be filed in the case record. When transitional transportation services are terminated, a written Services Notice of Action (#032-02-103/5) or letter must be sent at least 10 days in advance of the effective date of the action.

- B. Child care assistance is available up to twelve months after termination of TANF to maintain employment or to participate in employment and training activities.\* To be eligible for transitional child care assistance, a participant must be determined eligible. Transitional child care starts the first day of the month after the month of TANF case closure. The participant will be required to pay 10% of monthly gross income as a fee, for transitional child care, unless a locality has been approved to use an alternative child care fee scale. Once the VIEW participant's TANF case closes and the participant is determined to be income ineligible for transitional child care, the agency may provide the participant with VIEW supportive child care services for 90 days immediately after TANF case closure **or until the 6-month job follow-up is completed, whichever is longer**. The client will not have to pay the 10% fee for the 90 days, but has to pay any amount over the maximum reimbursable rate.

- C. Employment and training\* provides for education and job training services to qualified VIEW participants. Participants in a sanction at case closure are not eligible for employment and training.

Employment and training includes all services listed on pages 18 – 19 and activities listed on pages 19 – 24 and pages 40 – 47. The employment and job training activity must be approved by the VIEW worker.

Employment and training services are available for up to twelve months after TANF case closure if needed to obtain employment, maintain employment or to receive a higher level of employment.

To qualify for employment and training services, the following criteria must be met:

1. The activities are designed to maintain employment income, increase employment income or prevent the loss of employment income by the participant.



2. The participant was enrolled in the VIEW program at the time of case closure.
3. The TANF case of which the individual was a member is closed.
4. The case was not in a VIEW sanction at the time of closure.
5. The individual has not completed an associate degree, four year degree, or higher degree.
6. If the individual is approved to participate in an education activity, the individual must be able to complete the activity within the transitional twelve month period.
7. The local agency has sufficient VIEW funds to pay for activities or services.

If the individual is not employed, the provisions of the employment and training services should allow the individual to become employed within 60 days of starting the training activity. If the client is not employed within 60 days of starting the employment and training activity, the worker is to put the client in a 30 day job search. If the client is not employed by the 90<sup>th</sup> day, the transitional services must end by the 91<sup>st</sup> day. If the client is employed after the 91<sup>st</sup> day, he may qualify for transitional services.

When participating in an educational activity the individual must be assigned to at least 8 hours of employment within 90 days of starting the education activity. If the client is not employed by the 90<sup>th</sup> day, the supportive services must end the 91<sup>st</sup> day. If the client is employed after the 91<sup>st</sup> day, he may qualify for transitional services.

The participant must be enrolled in education and training activities for which there are jobs in the community or jobs projected to be available in the community. The participant must meet the satisfactory progress requirements of the institution providing the training. For education below the post-secondary level, Adult Basic Education and (GED), the individual must obtain one grade level increase every three months. Workers are to use VIEW attendance forms and review grades each grading period to monitor satisfactory progress. Participants shall not be assigned to FEP or CWEP.\*

## 16. CONTRACTS

Agencies may enter into financial agreements with individuals or organizations to operate portions of their Employment Services program. Agencies are bound by State statutes set forth in the Virginia Public Procurement Act and by any local procedures that may supplement the Act. Contracts with other state entities, including community colleges and JTPA Service Delivery Area (SDA's) are not subject to the requirements of the Virginia Public Procurement Act, but may be subject to local procurement procedures.

A copy of the contract must be sent to the Central Office (TANF Unit) no later than 30 days after implementation for the purpose of maintaining a central library of VIEW contracts. Technical support for the development of contracts will be provided by the Regional Coordinators. Please refer to Appendix B of this chapter for a checklist to be used in the development of a contract. The contract should define what is to be monitored and evaluated for contract effectiveness.

The local Employment Services Plan must reflect the agency's intention to contract and must contain a copy of the proposed contract. Agencies who decide to contract after approval of the local plan should submit a plan modification in writing at the same time the contract is submitted.

a. Consideration in Contracting

Numerous individuals and agencies, both public and private, in almost every area of the State are capable of delivering services under an agency's Employment Services Plan. Prior to contracting, however, the agency should ascertain that the contractor can provide services of an equal or

higher quality and/or at a lower cost than the agency itself. Care should be taken to insure that the contract represents an extension of services, rather than compensation for services previously provided at no cost. The contract must contain a certification from the provider that the services being contracted for are not otherwise available from the provider at no cost.

b. Services That Can be Contracted

Any program activity or service may be contracted.

c. Selection of Service Providers

When selecting service providers, the local agency must take into account such things as the past performance of the contractor in providing similar services, the contractor's demonstrated effectiveness, fiscal accountability, cost efficiency and other factors which the local agency determines are appropriate. A process must exist that documents these factors were considered.

d. Deliverables

**The deliverable services of the contract should be written in such a way to identify the performance and outcomes acceptable through the contract. These performance measures and outcomes assist in determining the success of the contract. The definition of effectiveness and progress measures of the contract should be agreed upon prior to the start of the contract. Performance measures and outcomes should be quantified within the contract. Success should be defined incrementally and in terms of completion.**

e. Payment and Reimbursement

**Payment for a contract should always be linked to contract performance. Payments are typically prorated according to quantifiable rates of progress and/or performance. Most of the time, expenses are submitted for reimbursement. Under specific but rare circumstances, advances are allowed. A detailed budget should be attached to the contract.**

f. Contract Duration

Contracts can be negotiated for any period of time agreeable to both the agency and the contractor so long as they terminate by the end of the fiscal year. To allow local agencies maximum flexibility in operating the Employment Services Program, contracts may be negotiated for a period of six months (or less) rather than for a year. Agencies who choose to contract for 12 months and who later become dissatisfied with the contractor's performance may terminate the contract by providing notice as stated in the contract.

g. Contract Requirements

1) Format

The agency must use the **revised** contract format approved by the Attorney General's Office in contracting (see **revision in Appendix B**, page 5 of this chapter). Other formats can be

utilized in addition, if required by the local government. The contract must show the total cost for all contracted services between the agency and the contractor. (If more than one service is to be provided, the separate cost for each should be included in the scope of services descriptions.)

2) Scope of Services Description

Each service to be provided by the contractor must be described in full. Agencies contracting out more than one service will need to develop a scope of services description for each service.

The description must contain a(n):

- a) Summary of activities included in the service;
- b) Explanation of roles of the contractor and agency in providing the service;
- c) Explanation of the contractor's responsibility regarding required reporting;
- d) Description of the numbers and kinds of clients who will receive the service (age 25-35, volunteers, high school graduates, etc.);
- e) Statement of the time frame for the service, including beginning and ending dates; and
- f) Description of the specific anticipated outcomes.

3) Contract Monitoring

- a) It is the responsibility of the local agency to monitor each contract on a frequent basis to ensure both that the terms of the contract are being met and that progress is being made toward achievement of the outcome goals. Monitoring may be carried out through review of reports made by the contractor and contract site visits. At a minimum, the agency will require the contractor to submit a monthly client specific progress report as well as quarterly reports. The quarterly report should include information on overall contract progress, identified problems and client outcomes. The final annual report should provide an objective review of summarizing the overall program operations for the contract period as well as client specific outcomes/progress. A copy of the Contract Development Checklist found in [Appendix B](#), pages 2, 3, 4 and 5 of this chapter may be used to monitor contracts.
- b) It is the responsibility of the local agency, based on information from its monitoring of the contract, to determine the appropriateness of future contracts with the same contractor. In all cases in which the agency plans to enter into a second or subsequent contract with a contractor, the final summary report must accompany the

state-approved format and scope of services description sent to Central Office for their records. In cases in which the final summary has not yet been completed, all monthly and quarterly reports to that date will be submitted instead.

**Note: Charitable Choice\* - For contracts between agencies and faith-based organizations, it is suggested that language be included stating that the organizations may not discriminate against a participant based on religion or religious beliefs. See Chapter 1000, page 39, and [Appendix B](#), page 7.**

17. PARTICIPANTS WHO LEAVE THE VIEW PROGRAM AND RETURN PRIOR TO THE END OF THE TWO YEAR PERIOD

- A. A mandatory participant who leaves the VIEW Program for reasons other than sanction, and who is still eligible for TANF, must return to the Program for his remaining months of eligibility.
- B. Participants returning to the VIEW program prior to the end of the 24 month time line on TANF will be coded by the EW as priority referrals, and served as soon as possible. The ESW may waive the up front job search and place the participant directly into a work activity.
- C. Individuals who reapply whose case was closed while in a sanctioned status are not required to participate in the initial 30-day job search, but must satisfy the sanction before their TANF benefits begin.
- D. The individual will participate in a concurrent work activity throughout his participation in the VIEW program.

18. HARDSHIP EXCEPTIONS

- A. Introduction
  - 1) Hardship exceptions are situations in which there is good cause for not terminating the Virginia Independence Program participant's TANF benefits at the end of the two-year time period. To receive a hardship exception, VIEW participants must first apply. The exception to this is when the participant lives in a locality "where factors relating to job availability

\* Public Law 104-193

may be unfavorable” as defined in C.1 a and b of this section. The ESW does not have to screen all VIEW participants for potential hardship exceptions.

**Participants can apply for a hardship exception during the 60-day period prior to the end of the two-year time period. Individuals are entitled to good cause for failing to apply for a hardship exception within this 60 day period if the worker determines that the client failed to apply due to disability reasons. If it is determined that the person had good cause for failing to meet the time period, due to a disability, and it is determined that there are prior sanctions on the person’s record that may affect the decision whether to grant a hardship exception, the worker should consider whether any of the sanctions may have been inappropriately imposed because of the person’s disability that should have been taken into consideration.**

If the ESW does not receive a request for a hardship, the participant’s TANF and VIEW cases will close at the end of twenty-four months. In certain circumstances, it will be necessary to manually communicate hardship exceptions, appeals and clock information to eligibility staff. When this occurs, please use the VIEW Exchange Form, found in Appendix A. If a hardship exception is granted, the participant will continue to receive TANF benefits if otherwise eligible, including VIEW. Only one hardship exception at a time will be granted. Hardships cannot run concurrently, but may be granted consecutively if the participant qualifies.

- 2) The agency may consider granting a hardship exception if a good cause reason exists. In addition, the participant must have complied with the requirements of the Program and engaged in activities designed to obtain employment, **unless the reason for the participant’s non-compliance was the participant had a disability or household member with a disability that was not identified by, or was identified but not addressed.**

#### B. Qualifying Criteria for Granting a Hardship Exception

In order to be considered for any hardship exception, an evaluation of the participant's program participation must be made to determine that none of the following occurred:

- 1) He was not sanctioned for failing to satisfactorily participate in all assigned activities while in the program. Assigned activities must be listed on the Activity and Service Plan. Some examples of assigned activities include:
  - a. job search, either individual or group
  - b. full employment
  - c. community work experience
  - d. other subsidized employment or on-the-job training
- 2) He was not sanctioned for leaving employment while in the VIEW program, **unless the reason for the participant’s sanction was the participant had a verified disability or household member with a verified disability that was not identified by the TANF and VIEW programs, or was identified but not addressed, and the verified disability prevented participation.**

- 3) He was not sanctioned more than one time for reasons other than those listed in 1 or 2, **unless the reason for the participant's sanction was the participant had a verified disability or household member with a verified disability that was not identified, or was identified but not addressed, and the verified disability prevented participation.**

If none of the above three conditions exist, a hardship exception may be granted under the conditions stated in Hardships Exception, section 18, c. and d.

**If there is a determination that a sanction(s) was improperly imposed, the existence of that sanction(s) will not be a bar to the granting of a hardship exception.**

C. Conditions Under Which a Hardship Exception May Be Granted for up to One Year

A hardship exception will, if the local department determines that the participant meets all criteria, be granted by the local agency for a maximum of one year in the following circumstances:

- 1) Factors relating to job availability are unfavorable;
  - a) Participants will not be required to apply for the hardship exception "where factors relating to job availability may be unfavorable". The locality must determine the existence of job unavailability based on its knowledge of the labor market.

- b) Job unavailability is defined as an unemployment rate of 10% or greater in the participant's locality, for the two most recent quarters prior to the end of the two-year time limitation. This data is available from the Virginia Employment Commission. If data is not available for one of the two most recent quarters, the ESW will use the most current data.
  - c) To qualify under this exception the participant must have been actively seeking employment as defined under D. 1).
  - d) Under this hardship exception, the locality will address the following items to ensure that the hardship applies to the individual participant:
    - (1) Length of time for which the hardship exception will apply;
    - (2) The reasons why the benefits need to be extended for the time period requested;
    - (3) Documentation that jobs to which VIEW participants would be eligible are not available.
- 2) A one year hardship exception can be granted to enable a participant to complete employment-related education or training.
- a) The participant must have been enrolled in employment-related education or training for at least nine of the last 12 months. **If, however, the reason the individual was not enrolled for at least 9 of the last twelve months was related to a verified disability or verified disability of a household member for whom the participant was responsible, this will not disqualify the individual from obtaining a hardship exception to complete education and training;**
  - b) If the hardship exception is granted, the employment-related education or training is expected to be completed in a year or less;
  - c) The participant had been making satisfactory progress in the employment-related education or training per program requirements. **If the participant had not been making satisfactory progress, the worker must follow the procedure outlined in Section 1000.7.E.2.d to determine the reasons for the failure to make satisfactory progress, identify any disability-related reasons for this failure and provide accommodations that will make satisfactory progress possible. If the worker has not followed the procedures outlined in Section 1000.7.E.2.d, the individual cannot be denied a hardship exception;** and
  - d) For the purposes of this hardship exception the following education activities are not considered "employment-related education or training." **If, however, the individual who is participating in these activities has a verified disability that interferes with the person's ability to work and it has been determined that completion of this activity will improve the person's chance for employment, then the hardship exception can apply to these activities as well:**
    - (1) Adult Basic Education;
    - (2) General Equivalency Degree activities;



- (3) English as a Second Language; or
- (4) High school.
- e) The ESW must re-evaluate participants granted this hardship every 90 days to determine whether the conditions under which the hardship was granted still exist.
- f) If a participant leaves an employment-related education or training activity, his hardship exception will be immediately revoked and his TANF benefits will be terminated immediately. **Before taking such an action, the ESW must attempt to contact the individual by at least two different means (letter, telephone) to determine why the person left the program and whether it was related to a verified disability of the participant or of a household member for whom the participant is responsible. Under such circumstances, it will be necessary to determine whether good cause exists to continue benefits and whether, with reasonable accommodations and supportive services, the person could return to the program.**

D. Conditions Under Which a Hardship Exception May Be Granted for up to 90 days

A hardship exception will, if the local department determines that the participant meets all criteria, be granted by the local agency for up to 90 days in the following circumstances:

- 1) The participant has been actively seeking employment and is unable to find a job or jobs that would, in combination with all other income or sources of assistance the individual is receiving, pay an amount equal to or exceeding the case's TANF cash benefits plus the standard work deduction. Actively seeking employment is defined as satisfactorily participating in any assigned job-seeking activity while in the program.
- 2) The participant loses his job as a result of factors not related to his job performance.
  - a) Factors unrelated to job performance are circumstances in which the Virginia Employment Commission would have determined that eligibility for unemployment compensation would have existed if the participant had worked sufficient hours to qualify.
  - b) To qualify for this hardship exception, the participant must have applied for unemployment compensation at his VEC office.
  - c) The participant must provide a copy of the determination of ineligibility for unemployment compensation from VEC in order to grant this hardship.
- 3) An extension of this hardship exceptions may be granted in certain circumstances
  - a) A hardship extension is the period of time a participant's TANF benefits and program participation can be extended beyond the originally granted hardship exception. If an extension is granted, the individual will participate immediately in work components, unless good cause exists.

- b) The local agency will refer the case to a panel composed of the Commissioner of the Virginia Department of Social Services, the Commissioner of the Virginia Employment Commission, and the Executive Director of the Governor's Employment and Training Department, or their designated representatives.
- c) The local agency must request an extension in writing, to the Commissioner of the Virginia Department of Social Services, at least 10 days prior to the ending of the participant's original hardship exception. The written request should include, but not limited to the following:
  - (1) The specific reason(s) for granting a hardship extension.
  - (2) The documentation verifying the criteria for granting the extension has been met. In order to apply for a extension, the local department of social services must be able to prove that the individual:
    - a. has been satisfactorily participating in all assigned activities; and
    - b. will encounter extreme hardship if benefits are terminated.
  - (3) A description of any extenuating or individual circumstances the panel should consider in determining if the hardship extension will be granted.
  - (4) The period of time for which the extension should be granted.
- d) The criteria which the panel will consider in making a determination that an individual's benefits should be extended will include but will not be limited to:
  - (1) the individual meets all the general criteria for receiving the hardship exception;
  - (2) the individual has applied for and been found ineligible for unemployment compensation because he has not worked sufficient hours to qualify;
  - (3) the individual, through no fault of his own, is unable to find a job or a combination of jobs that would, in combination with any other income or sources of assistance that the individual is receiving, equal or exceed the amount of the TANF grant plus the standard work deduction; and
  - (4) the individual is able to demonstrate that his family would suffer extreme hardship in the event benefits are terminated; and
  - (5) the individual enters a job search and work component at the time of application and complies with all other program requirements pending and after application approval. The panel will examine each case individually and may consider other extenuating circumstances in deciding whether to grant or deny an exception.

existing hardship. An individual who has exhausted his 24 months of TANF benefits and has left the program may not be considered for a hardship or extension.

F. Procedures for Applying for and Granting a Hardship Exception

1) Procedures for Applying for Hardship Exception

- a) The participant will receive a notice in the mail from the EW informing him that his two-year time limitation for receipt of TANF will end in 60 days. The notice will inform the participant that he can apply for a hardship exception and that the request must be in writing. The notice will also inform the participant that the request must be submitted to the ESW.

The only exception to a written request for a hardship exception is if the participant is illiterate and the worker has documented that he is unable to read and write English.

**The agency must also inform the client verbally that:**

- 1. Some participating families are entitled to receive benefits beyond the twenty-four months based on hardship;**
  - 2. All participants have the right to apply for a hardship exception;**
  - 3. The criteria for qualifying for the hardship exception;**
  - 4. The documentation required to establish hardship;**
  - 5. The right to help in applying for a hardship exception, including, but not limited to, help filling out forms and writing letters, and help gathering documents establishing eligibility;**
  - 6. What to do if they are denied a hardship exception and want to appeal the decision;**
- b) The request from the participant must note the following:
- (1) The hardship exception desired by the participant. (Participants will not be required to apply for the hardship exception "Where factors relating to job availability may be unfavorable").
  - (2) The date the participant wrote the request.
  - (3) The participant's signature.

2) Time Period in Which a Participant Can Apply for a Hardship Exception

- a) **A participant can apply for a hardship exception during the 60-day period prior to the end of the two-year time period. Individuals are entitled to good cause for failing to apply for a hardship exception within this 60 day period. "Good cause" exists if verified disability-related reasons prevented the request a hardship exception.**

- b) To be considered for a hardship exception, the request must be postmarked prior to the end of the participant's two-year time period.
  - 1) The date the participant wrote the request.
  - 2) The participant's signature.
- 3) ESW procedures for granting a hardship exception:
  - a. The ESW must send the participant a notice within 5 days of the receipt of the request for a hardship exception.
  - b. The ESW will review the request and determine if a hardship exception should be granted. The following procedures should be used to make the determination.
    - 1) Complete the Hardship Determination form. (See form in [Appendix A](#))

- 1) Determine if the participant met the qualifying criteria (section 18.B)
  - 2) Review the request to determine if the participant meets the conditions for the individual hardship exception.
  - c. The ESW must notify the participant in writing that a request for a hardship exception has been approved.
  - d. Within 30 days of the receipt of the participant's request for a hardship exception, the ESW will send a written notification (see form in Appendix A) to the participant informing him of approval or disapproval of the request for a hardship exception.
- 4) The written notice will inform the participant of the following:
- a) The decision regarding the granting of the hardship exception;
  - b) The reason why a hardship exception was not granted;
  - c) The procedures for appealing the decision if the hardship exception was not granted;
  - d) The date on which the TANF benefits will end;
  - e) If the hardship exception is granted, the date for the participant to attend a reassessment interview; and
  - f) The conditions under which the participant will receive the extension of the benefits are the following:
    - (1) The participant must meet all requirements of the Program;
    - (2) If the participant is **not complying with VIEW requirements**, the TANF benefits will be terminated **as soon as administratively possible** and the hardship exception will end;
    - (3) The participant must continue to meet the conditions for which the hardship exception was granted.
- 5) All participants granted a hardship exception will be reassigned to a component designed to assist them in obtaining employment and must meet all other applicable requirements of the Program.
- 6) The local agency will notify the Regional Coordinator of all hardship exception requests, approvals and denials. A letter or locally developed form will suffice to notify the Coordinators.

## 19. APPEALS

- A. All participants have the right to appeal an agency action affecting their entitlement to or receipt of assistance, i.e., terminate or suspend a payment. The ESW's decision to refer a participant to the EW because of non-compliance will result in such an action.

- B. The EW must notify the participant in writing through use of the **Advance** Notice of **Proposed** Action every time an adverse action is taken.
- C. The **notification and fair hearings procedures in the TANF Manual, Sections 401.4 – 401.5**, will govern all appeals to ensure fair hearings for actions **proposed or** taken by the agency as a result of noncompliance with VIEW requirements.
- D. If the participant files a valid appeal and requests a hearing, as determined by the hearings officer, the TANF or TANF-UP grant may be reinstated until a decision is rendered by the hearings officer.
- E. Workers may work with participants during an appeal.

## 20. HEARINGS

- A. The ESW must follow these procedures for all appeals involving VIEW sanctions:
  - 1) The EW will notify the ESW worker of the date and time of the pre-hearing conference by Eligibility staff and of the date and time of the appeal hearing by the hearings officer.
  - 2) The Employment Services Unit is responsible for assuring that the unit is represented during the pre-hearing conference and the appeal hearing. If the representative is not a member of the Unit, he must be provided sufficient information to be knowledgeable about the case and the **circumstances** which lead to the sanction.
  - 3) Only the participant should reschedule the pre-hearing conference.
  - 4) Eligibility and Employment Services staff must jointly prepare the summary of facts, which must include both eligibility and participation issues. Additional procedures for fair hearings are found in the TANF Manual, **Sections 104 – 106**.
- B. **The ESW must carry out the appeal decisions as follows:**
  - 1) If the agency's action is reversed, the ESW must **remove the sanction**, review the participant's Activity and Service Plan to determine the appropriate component assignment.
  - 2) If the agency's action is sustained, the sanction is imposed and the ESP case is closed for the required period of time.

VIEW FORMS

Texas Information Sheet (032-02-311) .....	3
Agreement of Personal Responsibility (032-02-310/2).....	6
VIEW Assessment I (032-02-303/2).....	9
VIEW/TWA/Transitional Activity and Service Plan (032-02-302/4).....	13
Job Search Form (032-02-301/1) .....	16
Full Employment Program (FEP) Agreement (032-02-309/2).....	19
Full Employment Program Communication Form (032-03-655).....	21
Community Work Site Agreement (032-02-308).....	23
Work Site Position(s) (FEP or CWEP) (032-02-306) .....	25
Referral to Work Site (FEP or CWEP) (032-02-300) .....	27
Attendance/Performance Rating Sheet (032-02-305) .....	29
VIEW Non-Compliance Checklist (032-02-671).....	31
Do You Have a Disability (032-02-670) .....	33
<b>TANF 24-Month Advance Notice of Proposed Action ((032-03-368/2).....</b>	<b>36</b>
<b>Notice of Intentional Program Violation (032-03-721/7).....</b>	<b>38</b>
<b>PAGE 41 - OBSOLETE .....</b>	<b>41</b>
Notice of Sanction/Termination (032-02-307/1).....	42
Hardship Exception Determination (032-03-376/2).....	44
Notice of Hardship Exception (032-03-377).....	47
Contact Sheet (032-02-078/5) .....	49
Communication Form (032-02-072/7) .....	50
VIEW Exchange of Information Form (032-03-375/1) .....	51
Medical Evaluation Form (032-03-654/1).....	53

10/04

TEXAS INFORMATION SHEET

- A. 1. Write or print your name \_\_\_\_\_
2. What is your address \_\_\_\_\_
3. What is the date today? \_\_\_\_\_
4. Do you have a telephone? \_\_\_\_\_ What is the number? \_\_\_\_\_
5. Are you married? \_\_\_\_\_ What is your husband's name (or wife's name)? \_\_\_\_\_
6. When is your birthday? \_\_\_\_\_
7. Where were you born? \_\_\_\_\_
- B. 1. Are you a citizen of the United States? \_\_\_\_\_
2. Are you a citizen by birth or by naturalization? \_\_\_\_\_
3. Do you maintain private transportation? \_\_\_\_\_
4. If so, what type? \_\_\_\_\_
5. Do you possess a valid driver's license? \_\_\_\_\_
6. What type of books would you like to read? \_\_\_\_\_
7. Are you a registered voter in the State of Virginia? \_\_\_\_\_
8. If you are presently employed, please indicate whether you are employed on a full-time or a part-time basis. \_\_\_\_\_
9. How long have you worked for your present employer on the job which you now hold? \_\_\_\_\_
10. Do you subscribe to a newspaper? \_\_\_\_\_
11. Do you subscribe to any magazines? \_\_\_\_\_
12. If so, please list them. \_\_\_\_\_
13. Do you own (or have ready access to) a T.V.? \_\_\_\_\_
14. Do you own a radio or is one available to you? \_\_\_\_\_
15. Please answer either fine, good, fair, poor, or bad to the following questions:
- a. How is your vision? \_\_\_\_\_
- b. How is your hearing? \_\_\_\_\_
- c. How is your general health? \_\_\_\_\_



10/04

16. Please write in words the number of times you estimate that you visit the doctor each year.
- \_\_\_\_\_
17. How did you learn about this program? \_\_\_\_\_
- \_\_\_\_\_
- C. 1. Please write a brief and pertinent paragraph explaining how you were made aware of this program.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
2. Please write a paragraph telling the aspirations which you have that you feel can be enhanced or furthered by the program which you are now beginning.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
3. Please write a paragraph about yourself, as you see yourself. You may reiterate the information which you have already given in the above paragraph.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. Give me that information which you feel will be most helpful in aiding an instructor who is trying to prepare a program of instruction suited to your particular needs.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Adapted from: Extension Teaching & Field Service Bureau. Division of Extension. The University at Austin, Permission to reproduce granted to Adult Education Program.

10/04

## THE UNIVERSITY OF TEXAS INFORMATION SHEET

FORM NUMBER – 032-03-311

PURPOSE OF FORM - This form measures functional literacy levels in English.

USE OF FORM - The form is used for all VIEW participants. Functional education level is recorded on the Assessment Form and in the automated system. Functional education level must be recorded in the automated system by the first reassessment.

NUMBER OF COPIES - One original.

DISPOSITION OF COPIES - Original - Case Record.

INSTRUCTIONS FOR PREPARING FORM - This form will be completed by the VIEW participant to the best of his ability. The ESW will determine the participant's functional education level based on completion of Sections A, B, and C.

### Section A: grades 0 - 4.0

Complete Question	#1:	grade level 1.0 (record as 01 in automated system)
	#2:	grade level 1.5 (01 in system)
	#3:	grade level 2.0 (02 in system)
	#4:	grade level 2.5 (02 in system)
	#5:	grade level 3.0 (03 in system)
	#6:	grade level 3.5 (03 in system)
	#7:	grade level 4.0 (04 in system)

### Section B: grades 5.0 - 8.9

Complete Question	#1:	grade level 5.0 (record as 05 in automated system)
	#2:	grade level 5.2 (05 in system)
	#3:	grade level 5.4 (05 in system)
	#4:	grade level 5.6 (05 in system)
	#5:	grade level 5.8 (05 in system)
	#6:	grade level 6.0 (06 in system)
	#7:	grade level 6.2 (06 in system)
	#8:	grade level 6.4 (06 in system)
	#9:	grade level 6.6 (06 in system)
	#10:	grade level 6.8 (06 in system)
	#11:	grade level 7.0 (07 in system)
	#12:	grade level 7.3 (07 in system)
	#13:	grade level 7.5 (07 in system)
	#14:	grade level 7.7 (07 in system)
	#15:	grade level 8.0 (08 in system)
	#16:	grade level 8.3 (08 in system)
	#17:	grade level 8.5 (08 in system)

### Section C: grades 9.0 - 12.9

Completes Question	#1:	grade level 9.0 (record as 09 in automated system)
	#2:	grade level 10.0 (10 in system)
	#3:	grade level 11.0 (11 in system)
	#4:	grade level 12.0 (12 in system)

**Commonwealth of Virginia**  
**Department of Social Services**

**Case Name** \_\_\_\_\_  
**Case Number** \_\_\_\_\_  
**Locality** \_\_\_\_\_

**Virginia Initiative for Employment not Welfare (VIEW)**  
**AGREEMENT OF PERSONAL RESPONSIBILITY**

This agreement lists your responsibilities as a participant in the VIEW program. If you refuse to sign this Agreement of Personal Responsibility, you will lose your Temporary Assistance for Needy Families (TANF) benefits.

**VIEW PROGRAM RESPONSIBILITIES**

I understand that TANF is a temporary assistance program and that I am responsible for:

- Recognizing that because TANF is temporary assistance, I need to work to become self-sufficient and support my family;
- Looking for and accepting employment;
- **Participating in and satisfactorily completing all** assignments from my case manager;
- Notifying my case manager immediately of changes in my circumstances;
- Answering all letters and calls from my case manager in a timely fashion;
- Keeping appointments with my case manager;
- Arranging child day care and transportation to allow me to participate in the VIEW program. If I am unable to arrange child day care and transportation, my case manager may be able to assist with these services.

**VIEW PROGRAM RULES**

To continue to receive TANF benefits, I must enroll in the VIEW program.

Once enrolled in the VIEW program, I can receive up to 24 months of TANF benefits.

I will be assigned to work activities **throughout** my 24-month eligibility period.

If I do not participate in the VIEW program, I will lose my family's TANF grant and my family's Food Stamp benefits may be **affected**. This is considered a sanction.

**Each** month that I am sanctioned for not participating will count as one of my 24 benefit months.

If I refuse a job offer without good cause, I will be sanctioned and lose my family's TANF benefits. **My Food Stamp benefits may be affected also.**

If I quit a job **or am terminated**, I will be sanctioned and lose my family's TANF benefits **unless I have good cause. My Food Stamp benefits may be affected also.**

### VIEW OPPORTUNITIES

I understand that it is my responsibility to take advantage of the opportunities afforded me by the VIEW program. By taking advantage of these opportunities, I will be assisting my family in achieving economic independence.

I am able to earn up to the poverty level without **losing** my TANF benefits. The amount of my monthly benefits may not change when I go to work.

When I find employment and leave **TANF**, I may be eligible for up to 12 months of **transitional** child day care, transportation and medical assistance.

I may receive valuable work experience and/or training through the VIEW program.

I may own a vehicle with a fair market value of \$7,500 without **its** value affecting my benefits.

### HARDSHIP EXCEPTIONS

Hardship exceptions may be granted in very limited circumstances to extend the 24-month eligibility period to persons who demonstrate an extreme hardship. **I may be granted a hardship exception if I have met the following conditions:**

1. **Satisfactorily** participated in all of the **assigned** activities **while in the program without being sanctioned; and**
2. **Was not sanctioned for leaving employment while in the VIEW program; and**
3. **Was not sanctioned more than one time for reasons other than those stated in 1 and 2 (required interviews, assessments, etc.).**

### FAIR HEARING RIGHTS

I have the right to appeal any agency action which terminates, reduces, or suspends my family's **TANF** and/or Food Stamp benefits.

### VIEW ELIGIBILITY PERIOD (Check one)

- ☐ Signing this agreement will cause my 24-month eligibility **period** to begin on \_\_\_\_\_ with a scheduled end date of \_\_\_\_\_. (first of the following month)
- ☐ Signing this agreement will resume my 24-month eligibility period to begin on \_\_\_\_\_ with a scheduled end date of \_\_\_\_\_. This means I have \_\_\_\_\_ months remaining of my 24-month eligibility period. (first of the following month)

### AGREEMENT TO PARTICIPATE (Check one)

I understand that I must sign this agreement to continue to receive **TANF** benefits. Refusal to sign this agreement will result in the loss of my **TANF** benefits.

- ☐ By signing this VIEW Agreement, I choose to participate in the VIEW program.

Participant

Date

- ☐ **The client refused to sign the Agreement of Personal Responsibility. The client's responsibility to participate was explained. The client was informed that refusal to participate will result in termination of the family's TANF benefits.**

Case Manager

Date

TANF TRANSMITTAL 14

**VIEW AGREEMENT OF PERSONAL RESPONSIBILITY  
032-02-310/2 (7/00)**

**PURPOSE OF FORM** - This form provides written documentation of the acceptance of personal responsibility by the participant for participating in the VIEW program. The VIEW Agreement of Personal Responsibility must be completed at the initial assessment **and each subsequent referral to VIEW**. The form documents the begin date and scheduled end dates of the VIEW participant's 24 months of receipt of TANF.

**USE OF FORM** - This form is used by the agency to record the information discussed with the participant concerning the individual's responsibilities while in the VIEW program. The form must be completed and signed before **VIEW** participation may begin.

**NUMBER OF COPIES** - One original and one copy.

**DISPOSITION OF COPIES** - Original - Case Record  
Copy - VIEW Participant

**INSTRUCTIONS FOR COMPLETING THE FORM** - The worker/case manager must discuss this form in its entirety with the participant at the time of initial assessment. This form must be signed by the participant before the participant enters the VIEW program.

Refusal by the VIEW participant to sign this agreement will result in loss of TANF / TANF -UP benefits and **may affect Food Stamp benefits. If the participant refuses to sign the agreement, the employment services worker is to check the second box, sign the form, date it, and file it in the case record.**

**If a VIEW participant leaves the program prior to the end of the 24-months of eligibility for TANF and subsequently returns, the participant must sign a new Agreement of Personal Responsibility, with the remaining eligibility period indicated in the "VIEW ELIGIBILITY PERIOD" section.**

4/05

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

Participant Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Case ID#: \_\_\_\_\_

- ☐ Assessment  
☐ Reassessment

☐ TANF ☐ TANF-UP

## VIEW ASSESSMENT I

### A. EDUCATIONAL BACKGROUND

Last Grade Completed \_\_\_\_\_ Date \_\_\_\_\_ Functional Ed. Level \_\_\_\_\_ Date \_\_\_\_\_

Other (test results, date given, type, etc.): \_\_\_\_\_

Other training/special schooling and dates: \_\_\_\_\_

### B. EMPLOYMENT HISTORY\* (*Begin with the most recent job*):

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

\*(NOTE: This information will be used to identify jobs into which participants may be placed immediately.)

Most favorite job? \_\_\_\_\_ Why? \_\_\_\_\_

Least favorite job? \_\_\_\_\_ Why? \_\_\_\_\_

### C. VOLUNTEER WORK/HOBBIES/ABILITIES (Transferable Skills): \_\_\_\_\_

7/03

## VIEW ASSESSMENT II

- A.**
1. Do you have a current driver's license? \_\_\_\_\_
  2. Do you have access to a car? \_\_\_\_\_ If not, what do you do for transportation? \_\_\_\_\_  
\_\_\_\_\_
  3. Have you ever been convicted of a crime? \_\_\_\_\_  
Explain \_\_\_\_\_
  4. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job? \_\_\_\_\_ Explain \_\_\_\_\_
  5. What type of child care would you arrange to help you accept a job? \_\_\_\_\_
  6. Have you registered with the Virginia Employment Commission? \_\_\_\_\_  
If so, when was the last time you contacted the VEC? \_\_\_\_\_
  7. Have you registered with any other employment service? \_\_\_\_\_  
If so, give the name and last date of contact. \_\_\_\_\_
  8. Are you scheduled to begin an education or training program in the next sixty (60) days? \_\_\_\_\_  
If so, where? \_\_\_\_\_

**B.** Which of the following are barriers to your finding and/or keeping a job? (Check all that apply):

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Homeless     | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Legal/Criminal       | <input type="checkbox"/> Child Care   | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Family Abuse |  |

List ways that you can help to overcome each barrier checked:

---

---

---

**C. CONSIDERATIONS IN EMPLOYMENT PLANNING:**

- |  |  |
|--|--|
| <input type="checkbox"/> No prior Work History/Intermittent Work History | <input type="checkbox"/> Homeless        |
| <input type="checkbox"/> Lack of Credentials/Certifications              | <input type="checkbox"/> Child Day Care  |
| <input type="checkbox"/> Limited English Speaking/Reading Ability        | <input type="checkbox"/> Migrant Worker  |
| <input type="checkbox"/> Lack of Transportation                          | <input type="checkbox"/> Legal/Criminal  |
| <input type="checkbox"/> Lack of GED                                     | <input type="checkbox"/> Family Abuse    |
| <input type="checkbox"/> Lack of Job Skills                              | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Disability _____                                |  |
| <input type="checkbox"/> Other _____                                     |  |

**D. JOB INTERESTS/EMPLOYMENT GOAL:** \_\_\_\_\_

GENERAL COMMENTS/SUMMARY:

---

---

---

## VIEW ASSESSMENT

FORM NUMBER - 032-02-303/1

**PURPOSE OF FORM** - This form is initially completed at the time of the VIEW assessment interview. The form records information concerning the VIEW participant's educational background, employment history, interests and abilities, and employment goals. This form will also be updated at reassessment interviews.

**USE OF FORM** - The information on this form is used to assess the job readiness of the VIEW participant and serves as a foundation for development of the VIEW participant's Activity and Service Plan (032-02-302). This form will be used after the initial assessment process to record dated information of the VIEW participant's educational background, employment history, abilities, and employment goals. Information added after the initial assessment needs to be dated as to MM/DD/YY of entry. Should the information on this form change significantly during the course of the program participation or should there be no more room on the form for recording updated information, is appropriate for a new form to be completed.

**NUMBER OF COPIES** - Original only.

**DISPOSITION OF COPIES** - Original will be maintained in the VIEW participant's case record.

### INSTRUCTIONS FOR PREPARING FORM

#### Page 1

Identifying Information/Date/Type of Assessment/Category - Date is MM/DD/YY assessment or reassessment is conducted. Check the appropriate block to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews.

- A. **EDUCATIONAL BACKGROUND** - Information about the last school attended and last grade completed is obtained from the VIEW participant during the assessment interview. The worker/case manager will use this part of the form to record functional education level testing. Record any training, special schooling or post secondary education. Be sure to include dates attended and any certification(s) or degree(s) obtained. Information about test results may be recorded at the time initial assessment, if known, or may be added at the time of reassessment.
- B. **EMPLOYMENT HISTORY** - The "Employment History" section provides a chronological listing of the VIEW participant's employment. Information about the VIEW participant's duties on the job, reasons for leaving, and job preferences are important for employability planning and merit through discussion.
- C. **VOLUNTEER WORK/HOBBIES/ABILITIES** - In this section, include any information which could assist the on-going employability planning process. This information will be particularly useful in assessing VIEW participants with limited skills/employment histories.



7/03

**VIEW ASSESSMENT  
(Cont'd)**

Page 2

This page of the Assessment Form is designed to be completed either by worker/case manager or the VIEW participant.

SECTION A - These questions are designed to help the VIEW participant think about some of the things which will affect his employability as well as his ability to be self-sufficient. Each question needs to be completed as thoroughly as possible and discussed with the VIEW participant at the time of the interview.

SECTION B - This section is designed to allow the VIEW participant to acknowledge things which may impact his progress toward self-sufficiency. If problems are identified, the VIEW participant has an opportunity to decide for himself how these problems may be resolved.

SECTION C - This section is designed to help the worker/case manager identify major considerations in planning with the participant. This is a list of potential obstacles to the VIEW participant's achieving employment. In discussing employability planning with each VIEW participant, this list will enable the worker to identify these obstacles and to discuss how the VIEW participant and the worker/case manager will cooperatively endeavor to remove them.

SECTION D - This section is designed to record an employment goal or area of job interest after careful evaluation of discussion about all of the information gathered during the interview.

GENERAL COMMENT/SUMMARY - This section is designed for the worker/case manager to record any additional information not addressed on the form.

7/04

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
TANF PROGRAM

Participant: \_\_\_\_\_  
Case ID#: \_\_\_\_\_  
Date: \_\_\_\_\_  
# Months Accrued on VIEW Clock: \_\_\_\_\_

☐ VIEW ☐ TWA ☐ Transitional

## VIEW/TWA/TRANSITIONAL ACTIVITY AND SERVICE PLAN

PLANNED COMPONENT ASSIGNMENT	Planned Begin Date	Planned End Date	Planned Weekly Hrs/Pay
Currently employed full-time	_____	_____	_____
Currently employed part-time	_____	_____	_____
Job Search	_____	_____	_____
Job Readiness	_____	_____	_____
Job Development/Job Placement	_____	_____	_____
Full Employment Program	_____	_____	_____
On-The-Job-Training	_____	_____	_____
Community Work Experience	_____	_____	_____
Education	_____	_____	_____
Job Skills Training	_____	_____	_____
Other Work Activity	_____	_____	_____

### CURRENT PROGRAM ACTIVITY ASSIGNMENT

Program Activity Assignment	Description/ Location	Planned Begin Date	Planned End Date	Planned Weekly Hrs/Pay
_____	_____	_____	_____	_____
	_____			
_____	_____	_____	_____	_____
	_____			

☐ Pending ☐ Inactive

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem

---

---

7/04

## SUPPORTIVE SERVICES

☐ Day Care

☐ Transportation

☐ Other (please describe)

## PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENT(S)

## AGENCY RESPONSIBILITIES

## PARTICIPANT OBLIGATIONS

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call the worker/case manager whose name is listed at the bottom of this page if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my worker/case manager.

I understand that if I fail to participate without a good reason my TANF benefits/support services will be stopped, and my Food Stamp benefits may be affected.

### ☐ FOR PARTICIPANTS ASSIGNED TO COMPONENTS

I will carry out the responsibilities as agreed.

### ☐ FOR PARTICIPANTS ASSIGNED TO THE FULL EMPLOYMENT (FEP) PROGRAM

I understand that I will not receive monthly TANF benefits while I am employed in a FEP placement. However, I may receive a supplemental TANF payment if I am unable to work at least 20 hours per week during the month because of circumstances beyond my control, such as but not limited to, loss of child care, transportation, or illness.

### ☐ FOR PARTICIPANTS ASSIGNED TO PENDING (Applicable to VIEW only)

I understand that I am not actively participating at this time, but the months assigned to this component will count toward my two year time period. I also understand that I must answer all calls and letters from agency staff since I may be required to participate in the future.

### ☐ FOR PARTICIPANTS ASSIGNED TO INACTIVE (Applicable to VIEW only)

I understand that I will not actively participate at this time. I also understand that I must answer all calls and letters from agency staff since I may be required to participate in the future.

### ☐ EXCHANGE OF INFORMATION CONSENT (ALL PARTICIPANTS)

I understand that my worker may contact employers, service agencies, and others to assist me in connection with my work activities. By signing this form, I give permission to my Employment Services Worker to share information from my case record when necessary to provide or coordinate services on my behalf.

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CASE MANAGER'S SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

## VIEW/TWA/Transitional Activity and Service Plan

FORM NUMBER: 032-02-302/4

PURPOSE OF FORM - This form outlines a strategy designed by the worker/case manager and the VIEW participant to achieve long and short term goals in working toward employment as decided upon during the initial assessment and recorded on the Assessment Form (032-02-303). It details specific activities to which the participant will be assigned and identifies any service needs during assignments to these activities.

USE OF FORM - This form is prepared initially at the VIEW assessment and at the time of each reassessment. It is also to be used for person's assigned to Transitional Employment and Training (TET) and TANF Work Activities (TWA). Activities on this form will correspond to entries in the automated system. A copy of this form may serve as the Service Application.

NUMBER OF COPIES - One original and two copies

DISPOSITION OF COPIES - Original - Case Record  
1st copy - VIEW Participant  
2nd copy - Service Worker

### INSTRUCTIONS FOR PREPARING THE FORM

PLANNED COMPONENTS ASSIGNMENTS - This section is designed to list the components to which the VIEW, TET or TWA participant will be assigned during the course of program participation. This information in its entirety needs to be completed at the initial assessment and at each reassessment.

CURRENT PROGRAM ACTIVITY ASSIGNMENT - This space is provided for the worker/case manager to list the current component assignment(s) along with planned location, dates, and hours/pay. The information on this list will correspond with information at the top of the form and information in Employment Services Automated System (ESPAS). Any assignment to pending or inactive needs to be explained in the space provided.

SUPPORTIVE SERVICES - Any services needed by the VIEW participant to engage in the program activities listed will be identified in this section of the Activity and Service Plan.

PARTICIPANT RESPONSIBILITIES - Outline the specific steps the VIEW participant is required to take in order to comply with program requirements. The amount of detail needed in this section will be determined by the worker/case manager on a case by case basis. **If a participant is placed in FEP, the ESW should include the participant's responsibility to call the FEP placement supervisor (include name and phone number) and the ESW if he will be absent from work.**

AGENCY RESPONSIBILITIES - Outline the responsibilities the agency will assume to assist the participant in carrying out the activities identified.

PARTICIPANT OBLIGATIONS - By signing this section of the form, the VIEW participant indicates they have participated in the planning for activities described, and they understand their responsibilities as a VIEW program participant.

7/03

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

Participant Name: \_\_\_\_\_  
Case No.: \_\_\_\_\_  
Job Search Policy: \_\_\_\_\_

### VIEW JOB SEARCH FORM

**IMPORTANT!** YOU HAVE BEEN ASSIGNED TO JOB SEARCH. USE THIS FORM TO RECORD THE CONTACTS YOU ARE REQUIRED TO MAKE WITH EMPLOYERS WHILE YOU ARE LOOKING FOR A JOB. IF YOU DO NOT COMPLETE THIS FORM AND RETURN IT TO YOUR CASE MANAGER, YOUR TANF OR TANF-UP MAY BE TERMINATED!

**REMEMBER YOU MUST:**

- Have a face-to-face interview and/or leave a job application and/or a resume with at least \_\_\_\_\_ employers during the next four(4) weeks.
- Accept suitable job offers.
- Notify your case manager as soon as you get a job.

Complete the bottom of this form and:

- ☐ Return this form by \_\_\_\_\_ to \_\_\_\_\_
- ☐ Keep the interview scheduled with your case manager and bring your completed form for:  
\_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Address

CASE MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EMPLOYER CONTACT LIST:**

These contacts may be verified by your case manager. You do not need to get the signatures of the employers you contact. To count as a contact, you must have a face-to face interview or leave an application and/or a resume.

YOUR CONTACTS	DID YOU: ( <i>Check any that apply</i> )
Company: <u>VIRGINIA EMPLOYMENT COMMISSION</u> Address: _____ Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview: Result of Contact: _____
Company: _____ Address: _____ Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview: Result of Contact: _____
Company: _____ Address: _____ Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview: Result of Contact: _____
Company: _____ Address: _____ Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview: Result of Contact: _____

7/03

Company: _____ Address: _____  Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview:  Result of Contact: _____
Company: _____ Address: _____  Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview:  Result of Contact: _____
Company: _____ Address: _____  Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview:  Result of Contact: _____
Company: _____ Address: _____  Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview:  Result of Contact: _____
Company: _____ Address: _____  Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview:  Result of Contact: _____
Company: _____ Address: _____  Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview:  Result of Contact: _____
Company: _____ Address: _____  Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview:  Result of Contact: _____
Company: _____ Address: _____  Type of job: _____ Person Contacted: _____ Date of Contact: _____	<input type="checkbox"/> Register: <input type="checkbox"/> Submit a Resume: <input type="checkbox"/> Interview:  Result of Contact: _____

## **JOB SEARCH FORM**

FORM NUMBER - 032-02-301/1

**PURPOSE OF FORM** - This form provides written documentation of the VIEW participant=s job search contacts.

**USE OF FORM** - This form is used by VIEW participants to record employer contacts and outcomes during assignment to a job search component.

**NUMBER OF COPIES** - Original

**DISPOSITION OF COPIES** - Original becomes a part of the case record when the VIEW participant completes job search and returns the form.

**INSTRUCTIONS FOR PREPARING FORM** - The first section of the form is completed by the worker/case manager, and the information is discussed with the VIEW participant.

The “Employer Contact List” is completed by the VIEW participant. The first lines in this section are to record the mandatory registration/contact with the Virginia Employment Commission. At the end of the job search assignment or at a time designated by the worker/case manager, the form is returned to the agency. The worker/case manager will explain to the VIEW participant how the form is to be returned. Employers are not required to sign the form.

The VIEW participant will sign the end of the form indicating that the contacts have actually been made. A statement on the form cautions the VIEW participant that the worker/case manager may contact the employer to verify the contact.

7/04

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

### VIEW FULL EMPLOYMENT PROGRAM (FEP) AGREEMENT

The goal of FEP is to match Virginia Initiative for Employment not Welfare (VIEW) participants with employers who will provide a period of subsidized training, developing work experience, job skills, and work social skills. At the conclusion of the training period it is hoped that the employer will hire the participant as a permanent employee.

This is an agreement for the benefit of \_\_\_\_\_, \_\_\_\_\_ and is between  
VIEW Participant Case Number  
\_\_\_\_\_ and \_\_\_\_\_.  
Agency Employer Name

This agreement is a statement of understanding between the local agency and the employer regarding the training of the participant, listed above.

The employer will hire the participant as a(n) \_\_\_\_\_ at \$ \_\_\_\_\_ an hour  
Position  
for \_\_\_\_\_ hours a week. Estimated net monthly wages are \_\_\_\_\_. This training-oriented employment  
will not exceed six months, beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.  
MM/DD/YY MM/DD/YY

During this training period, the participant will receive job training necessary to perform the duties of the job to include the following knowledge, skills, and abilities:

---

---

---

---

#### **Department of Social Services Responsibility:**

- Explain all policies and procedures relative to the FEP program to designated employer staff.
- Make every effort to insure the Virginia Initiative for Employment not Welfare (VIEW) participant's skills, abilities, and interests are a good match for the placement.
- Pay to the employer during the training period a fixed stipend of \$300 each month as reimbursement for the participant's training for the months in which the participant worked an average of 20 hours a week.
- Issue a bonus of \$500 to the employer if the VIEW participant is hired on a permanent basis during FEP participation or within 30 days following termination of the placement.
- Terminate this agreement with written notice, within (5) working days prior to cancellation, for any reason, including but not limited to, if termination is in the interest of the program, if the employer has failed to provide any of the services specified, or if the employer has failed to comply with any of the provisions contained in this agreement.



7/04

**Employer Responsibility:**

The employer agrees to:

- Begin placements on or about the first of the month, but under no circumstances during the last 11 days of the month.
- Provide no fewer than 20 work hours per week for the participant at a rate of pay not less than the current Federal Minimum Wage.
- Maintain time, attendance, and payroll records for the participant as a basis for payment and reporting the local agency.
- Provide sick leave, holiday and vacation benefits to the same extent provided to other employees performing the same work and having similar experience and tenure.
- Maintain healthy, safe working conditions at or above levels generally acceptable in the industry and no less than those in which other employees perform the same work.
- Pay to the participant wages comparable to wages paid to other employees doing similar work and working similar hours.
- Provide to the participant the same benefits, worker's compensation coverage, and considerations afforded other employees doing similar work and working similar hours.
- Not displace any other worker in order to enter into this agreement.
- Not discriminate against any person, including program participants, on the basis of race, color, sex, national origin, religion, age, or disability.
- Not assign the participant to political, electoral, or partisan activities.
- Notify the Case Manager immediately if the participant fails to carry out the requirements of the job, is having employment-related problems, quits, or is terminated.
- Report to the Case Manager by the 5<sup>th</sup> calendar day of the following month when the participant's hours average less than 20 hours per week.
- Return the stipend for a month in which the participant did not work an average of 20 hours a week for the weeks the FEP Agreement was in effect during the month. Include as a note on your check: FEP and the participant's name.

Virginia Department of Social Services  
Division of Financial Management  
P. O. Box 10209  
Richmond, VA 23240-0209

Either party can terminate this agreement by giving written notice five working days prior to the cancellation. Termination can be for any reason, such as but not limited to: it is in the best interest of the program or the participant; the employer fails to provide the services specified or to comply with any of the provisions of this agreement; the participant fails to fulfill the requirements of the job; the agency fails to comply with the provisions of this agreement.

I have read, understand, and agree to the provisions of this agreement.

\_\_\_\_\_, Company Name

\_\_\_\_\_, Employer Telephone #: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_, Case Manager Telephone #: \_\_\_\_\_ Date \_\_\_\_\_

## FULL EMPLOYMENT AGREEMENT (FEP)

### FORM NUMBER 032-02-309/2

**PURPOSE OF FORM** – This form provides the required documentation of the terms of the agreement between the agency and the employer for the benefit of the participant.

**USE OF THE FORM** – This form is used to ensure understanding between the agency and the employer regarding the responsibilities of each. The form states the stipend amount to the employer and conditions for termination of the placement.

**NUMBER OF COPIES** – Original and two copies

DISTRIBUTION OF COPIES –	Original	– VIEW Worker
	1 <sup>st</sup> Copy	– Employer
	2 <sup>nd</sup> Copy	– Participant
	3 <sup>rd</sup> Copy	- Eligibility Worker

### INSTRUCTIONS FOR PREPARATION OF FORM

After discussion with the employer regarding Full Employment and the FEP placement, this agreement will be completed indicating that the parties have an understanding of their individual responsibilities and agree to them.

Information contained in this agreement should be clearly defined on the participant's **VIEW/TWA/Transitional** Activity and Service Plan that corresponds to this assignment.

There must be a signed agreement for each VIEW participant assigned to a FEP placement.

7/04

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

### Full Employment Program Communication Form

<b>Full Employment Program Placement Participant Information</b>				Today's Date:	
<b>First Name:</b>		<b>Last Name:</b>			
<b>ADAPT Number:</b>		<b>Legacy Number:</b>			
<b>Employer Name:</b>					
<b>Employer Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Placement began:</b>		<b># of hours</b>	per		
<b>EW Name:</b>		<b>EW email:</b>			

#### Action Needed

- ☐ Please set up the Full Employment Program placement in ADAPT on the VIEW Full Employment Program screen (AEVFEP). The stipend must be issued for six consecutive months unless notified to discontinue the stipend.
- ☐ Please issue a monthly stipend of \$300 to the employer beginning \_\_\_\_\_ in accordance with Advance Notice requirements.
- ☐ Issue a replacement stipend to the employer for the month of \_\_\_\_\_. Reason for replacement: \_\_\_\_\_

#### Supplemental Payments

The VIEW participant listed above may be entitled to a TANF supplement for the month of \_\_\_\_\_. During the month of \_\_\_\_\_, the participant worked less than 20 hours a week in the FEP placement.

**Good Cause Exists:** ☐ Yes ☐ No -- Do not issue a supplement.

Participant is paid: ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly

**Total Gross Earned Income for** \_\_\_\_\_ Month **is \$** \_\_\_\_\_

#### Termination of FEP Placement

**The FEP Placement has ended because:**

------------------

- ☐ Please issue the final \$300 employer stipend for \_\_\_\_\_ Month, the last month in which the VIEW participant worked an average of at least 20 hours per week.

☐ **Employer has hired the VIEW participant. Please issue the \$500 bonus to the employer.**

- ☐ Reinstate the TANF benefit if the participant's unit continues to be eligible.  
**VIEW participant is employed** \_\_\_\_\_ **hours per week at \$** \_\_\_\_\_ **an hour.**  
Paid: ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly

#### Other Information

--------------

\_\_\_\_\_  
Name (VIEW Worker)  
032-03-655 (7/04)

\_\_\_\_\_  
Date (MM/DD/YY)  
TANF Transmittal 25

### **Full Employment Program (FEP) Communication Form**

FORM NUMBER - 032-03-655

PURPOSE OF FORM – This form is to be used by the VIEW Case Manager to communicate changes in participant status and employer payments for Full Employment Program placements.

USE OF THE FORM – The FEP Communication Form is completed by the VIEW Case Manager to communicate initial placement and subsequent changes to the Eligibility Worker in the participant's status in the Full Employment Program.

NUMBER OF COPIES – Original and one copy

DISTRIBUTION OF FORM – Original sent to Eligibility Worker  
Copy kept in VIEW Record

OPTIONAL DISTRIBUTION – The FEP Communication Form may be prepared electronically and emailed to the Eligibility Worker.

INSTRUCTIONS FOR PREPARATION OF FORM – Information on the form provides identifying information about the participant. The form is to be completed when the participant is placed in a FEP position to inform the Eligibility Worker of the FEP placement and subsequent changes. The form will show the employer's name and address and the first month the employer's stipend is to be issued through Benefit Adjustment in ADAPT.

Note: Workers are encouraged to print the FEP Communication form on yellow paper to make it easily recognizable.

7/03

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

### VIEW COMMUNITY WORK SITE AGREEMENT

\_\_\_\_\_ Department of Social Services (hereafter referred to as the Agency) and  
\_\_\_\_\_ (hereafter referred to as the Work Site) enter into this agreement in good  
faith to provide work experience and/or training to participants of the Virginia Initiative for Employment not Welfare  
Program (VIEW).

#### THE AGENCY AGREES AS FOLLOWS:

1. To refer appropriate participants to the Work Site for consideration.
2. To provide a detailed explanation of VIEW and the necessary paperwork for reporting requirements.
3. To provide necessary services to enable the participant to participate in VIEW.

#### THE WORK SITE AGREES AS FOLLOWS:

1. To provide work experience and/or training for participants chosen by the Work Site.
2. To not use participants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.
3. To not use participants to perform political, electoral or partisan activities or in response to any strike, lock-out or other bona fide labor dispute.
4. To provide reasonable working conditions which do not violate federal, state or local health or safety standards.
5. To provide competent supervision to participants.
6. To prepare evaluation and time sheets for each participant and submit this information to the Agency by the fifth working day of each month during the designated training period.
7. To furnish necessary materials to allow participants to perform assigned task.

This agreement will be in effect from \_\_\_\_\_ to \_\_\_\_\_  
(not to exceed one year)

\_\_\_\_\_  
Authorized Signature (organization)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

## COMMUNITY WORK SITE AGREEMENT

FORM NUMBER - 032-02-308

PURPOSE OF FORM - This form provides required documentation of the terms of the agreement between the work site and the agency.

USE OF FORM - This form is used to ensure understanding between the agency and the work site regarding work experience assignments.

NUMBER OF COPIES - Original and one copy

DISPOSITION OF FORM - Original remains on file in agency  
Copy is retained by the work site.

### INSTRUCTIONS FOR PREPARATION OF FORM

After discussion with the work site representative, this agreement will be completed so that both parties have an understanding of their mutual responsibilities.

Only one agreement with a work site is required. However, each agreement may have several position descriptions associated with it.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

**VIEW WORK SITE POSITION(S) (FEP or CWEP)**

This form is used to record information about each position at a specific work site.

NAME OF WORKSITE \_\_\_\_\_  
HOURS OF OPERATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON AND JOB TITLE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ NUMBER OF POSITIONS: \_\_\_\_\_  
SPECIFIC DUTIES: \_\_\_\_\_  
\_\_\_\_\_

SKILLS NEEDED: \_\_\_\_\_  
\_\_\_\_\_

WORK SITE WILL ACCEPT PARTICIPANT(s) DURING THE FOLLOWING HOURS:

Monday	_____ to _____	Thursday	_____ to _____
Tuesday	_____ to _____	Friday	_____ to _____
Wednesday	_____ to _____	Saturday	_____ to _____
		Sunday	_____ to _____

WORK SITE SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
LEAD TIME NEEDED FOR ASSIGNMENT CHANGES \_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK SITE CONTACT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(signature)

LOCAL AGENCY CONTACT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(signature)

## WORK SITE POSITION(S) (FEP OR CWEP)

FORM NUMBER - 032-02-306

PURPOSE OF FORM - This form provides a description of a single position available at an organization with whom the agency has a Community Work Site Agreement (032-02-308) or FEP Agreement (032-02-309).

USE OF FORM - The form is prepared by the worker/case manager as a guide for matching a VIEW participant's qualifications with the requirements of the position.

NUMBER OF COPIES - Original and one copy

DISPOSITION OF FORM - Original - kept on file by agency  
Copy - sent to work site

### INSTRUCTIONS FOR PREPARATION OF FORM

Information at the top of the form provides details about the work site and should be updated when changes occur at the work site.

Details for the position description will be as specific as possible and will also be updated as changes occur.

Details of the site hours of operation, supervisor's name and any additional comments will be documented on the form.

The form will be signed by both the site and agency representatives.

Each available position at the work site will have a separate position description form.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

### VIEW REFERRAL TO WORK SITE (FEP or CWEP)

PARTICIPANT \_\_\_\_\_ CASE# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

#### TO THE PARTICIPANT:

Take this referral to \_\_\_\_\_ (company/work site) for a Full Employment position or Work Experience position.

You are to report to: \_\_\_\_\_ on \_\_\_\_\_  
Name Date Time

Address/Directions: \_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

If you are unable to keep this appointment, call \_\_\_\_\_ at \_\_\_\_\_ immediately.

#### TO WORK SITE SUPERVISOR:

Please give this participant your consideration for the \_\_\_\_\_ position with your organization as outlined in our Work Site Agreement form signed by \_\_\_\_\_.

He/she is eligible to work \_\_\_\_\_ hours per week.

Please complete the section below and return to: \_\_\_\_\_  
\_\_\_\_\_

#### TO CASE MANAGER (check one of the following):

☐ Participant will begin work on \_\_\_\_\_ Date \_\_\_\_\_  
He/she will be assigned to \_\_\_\_\_ hours per week at \_\_\_\_\_ per hour. (FEP only)  
He/she will be working at: \_\_\_\_\_

☐ Participant not selected to work in this position.  
Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Site Supervisor \_\_\_\_\_  
Date \_\_\_\_\_ Phone \_\_\_\_\_

10/04

## REFERRAL TO WORK SITE (FEP OR CWEP)

FORM NUMBER: 032-02-300

PURPOSE OF FORM - This form provides the VIEW participant and the community work site or FEP employer with written information about the VIEW participant's assignment to or interview at the work site.

USE OF FORM - The form is used to refer VIEW participants to a community work site or FEP placement to interview for a position.

NUMBER OF COPIES - One original and two copies.

DISPOSITION OF COPIES - Original - Participant  
1st copy - Work Site  
2nd copy - Case Record

### INSTRUCTIONS FOR PREPARING FORM

Preparation of this form will serve to refer the VIEW participant for an interview or an assignment to a work experience or FEP position for which there is a position description on file.

The first section of the form contains information that the VIEW participant will use to locate the site, to call the worker/case manager if a problem arises, and to understand the nature of the position for which they are being interviewed or to which they are being assigned.

The second and third sections of the form also contain information which will help the work site representative interview the VIEW participant, record the details of the position for which the VIEW participant is applying/reporting, and know who the local agency contact person is for this particular VIEW participant.

All sections of the form need to be completed for all parties to understand the referral.

7/04

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

Participant's Name: \_\_\_\_\_  
Case Manager's Name: \_\_\_\_\_  
Case Manager's Phone #: \_\_\_\_\_

### VIEW ATTENDANCE/PERFORMANCE RATING SHEET

Work Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Additional Contact: \_\_\_\_\_

Performance Evaluation (Rating Guide: 0=Poor, 1=Fair, 2=Good, 3=Very Good, 4=Excellent)			
Knowledge of Assignment	_____	Safety Habits	_____
Punctuality	_____	Quality of Work	_____
Attitude	_____	Initiative	_____
Cooperation	_____	Grooming	_____
Works Well with Others	_____	Accepts Supervision	_____
		Overall Performance	_____
LIST SKILLS PARTICIPANT HAS MASTERED _____			
LIST SKILLS THAT PARTICIPANT NEEDS TO IMPROVE _____			
DO YOU RECOMMEND THAT THE PARTICIPANT CONTINUE IN THIS ACTIVITY?: _____			
WHY? _____			

#### Date and Hours Worked

Date	Hours	Date	Hours	Date	Hours	Date	Hours
1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

TOTAL HOURS WORKED THIS MONTH:

TIMES TARDY:

TOTAL NUMBER OF SCHEDULED WORK  
HOURS THIS MONTH:

NUMBER OF UNEXCUSED  
ABSENCES:

THE WORK SITE SUPERVISOR MUST COMPLETE THIS FORM EACH MONTH AND MAIL IT TO THE AGENCY BY THE 5TH CALENDAR DAY OF THE FOLLOWING MONTH TO: \_\_\_\_\_

WORK SITE SUPERVISOR SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

## ATTENDANCE/PERFORMANCE RATING SHEET

FORM NUMBER: 032-02-305

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a VIEW participant's progress and attendance in a work experience or FEP placement on a monthly basis.

USE OF FORM - This form is used by the work site supervisor to record the **participant's** attendance and evaluate performance in the work experience **or FEP** position. **It may also be completed by the Case Manager based upon information provided by the employer verbally.** The form is also used by the worker/case manager to evaluate satisfactory participation (attendance) and any need for intervention to enhance the VIEW participant's progress. Usage of the forms with FEP placement is optional. The ESW may contact the FEP employee for a verbal update. Information obtained must be noted in the VIEW record.

NUMBER OF COPIES - Original

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

### INSTRUCTIONS FOR PREPARING THE FORM

The agency will be responsible for informing the work site supervisor of his responsibility to prepare the form monthly. **A six-month supply of the form may be given to the employer at the time the agreement is completed. Identifying information should be completed by the Case Manager prior to giving this form to the employer.**

**For CWEP placements,** the agency will be responsible for informing the work site supervisor of the number of hours the participant will be assigned each month.

All sections of the form need to be completed in their entirety to enable the worker/case manager to evaluate performance and monitor attendance.

The work site supervisor will be responsible for completing, signing, dating, and mailing the form to the agency by the fifth calendar day after the close of the report month.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIRGINIA INITIATIVE FOR EMPLOYMENT  
NOT WELFARE (VIEW)

Case Name: \_\_\_\_\_  
Client's Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
VIEW Worker: \_\_\_\_\_

### **VIEW NON-COMPLIANCE CHECKLIST**

**THE VIEW WORKER MUST COMPLETE THIS FORM, AND THE VIEW SUPERVISOR MUST SIGN THIS FORM BEFORE THE PARTICIPANT IS REFERRED TO THE ELIGIBILITY WORKER FOR NON-COMPLIANCE. THE INFORMATION CHECKED MUST BE DOCUMENTED IN THE CASE RECORD.**

#### **Section I. To be completed by the VIEW worker.**

The following is documented in the case record:

- ☐ The client has been screened and assessed for disabilities or declined to be screened.
- ☐ Reasonable accommodations have been provided, if appropriate.
- ☐ The client was informed verbally of the potential sanction or an attempt was made to inform the client.
- ☐ Good cause was evaluated and the client does not have good cause for non-compliance.

The participant without good cause:

- ☐ Failed/refused to report for assessment/reassessment or other required interview.
- ☐ Failed/refused to actively engage in or complete job search.
- ☐ Failed/refused to complete a Community Work Experience.
- ☐ Failed to accept a bona fide job offer.
- ☐ Terminated or was terminated from employment.
- ☐ Terminated or was terminated from a Full Employment Program work site.
- ☐ Failed/refused to complete any other activity assigned on the Activity and Service Plan.

Specify activity/requirement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Section II. To be completed by the VIEW supervisor.**

I have reviewed the case record. There is documentation in it to support the determination that this participant has failed to comply with VIEW program requirements, good cause does not exist, and accommodations have been provided if needed.

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

### VIEW NON-COMPLIANCE CHECKLIST

**FORM NUMBER** - 032-03-671

**PURPOSE OF FORM** - This form must be completed prior to notifying the eligibility worker to sanction a client for noncompliance with VIEW requirements to ensure that the appropriateness of the sanction has been documented in the case record.

**USE OF FORM** – The form is completed by the VIEW worker and submitted to the supervisor for approval to sanction a VIEW participant. The form is used prior to imposing a sanction.

**NUMBER OF COPIES** - One.

**DISPOSITION OF COPIES** - The original is filed in the case record.

**INSTRUCTIONS FOR PREPARING FORM NUMBER OF COPIES** - The VIEW worker completes identifying information at the top right of the form, indicates the type of documentation filed in the case record to support action to sanction/close the case, and what action or failure to act caused the sanction.

The supervisor signs and dates the form if in concurrence that there was noncompliance, and that there was no good cause not to cooperate.

12/04

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
TEMPORARY ASSISTANCE FOR NEEDY  
FAMILIES (TANF)

Case Name: \_\_\_\_\_  
Client's Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

## Do you have a disability?

If you have a disability that makes it harder for you to do the things we ask you to do, **please tell us.** A disability is a physical or mental condition that limits one or more life activities.

These conditions may include:

- Diseases (i.e. diabetes, epilepsy, heart)
- Learning disabilities (i.e., a problem reading, writing, or doing math)
- Mental retardation
- Depression or other mental health problems
- Limited ability to walk or stand
- Hearing or vision loss
- History of drug or alcohol addiction

## Help is available

If you tell us you have a disability, we can help you by:

- Calling or visiting if you are not able to come to the office
- Telling you what the letters we send to you mean
- Helping you complete a form
- Referring you to services to help you
- Helping to verify information or gather forms
- Helping you appeal if you disagree with a decision we make
- Changing program requirements

## Federal law protects people with disabilities

The Americans with Disabilities Act (ADA) is a federal law that says people with disabilities have the same rights to benefits or services from the Department of Social Services as other people. You will not be denied benefits and services because of your disability. If you have a condition that makes it hard for you to do what we ask, we will help you find a way to get the benefits and services available to you. **If you need help, tell us.**

12/04

### Known conditions and disabilities

---

---

---

---

### Your right to complain

If you feel your benefits or services are denied or changed because of your disability, you may call your worker to arrange a conference or file an appeal. You may also appeal by calling the Virginia Department of Social Services toll free at 1-800-552-3431. If you have a hearing or speech impairment, you may call the Virginia Department of Social Services toll free at 1-800-828-1120 (Text/TTY). Requests for an appeal may also be made in writing to:

Hearing and Legal Services Manager  
Virginia Department of Social Services  
7 North Eighth Street  
Richmond, Virginia 23219-3301

You may file a discrimination complaint by contacting:

U.S. Department of Health and Human Services  
Office of Civil Rights – Region III  
Suite 372  
Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, Pennsylvania 19106-3499  
Hotline: 1-800-368-1019  
TDD: (215) 861-4440  
Fax: (215) 861-4431

### Receipt of “Do you have a disability form?”

I received a copy of the form “Do you have a disability?” and it was explained to me.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form was explained to the client on \_\_\_\_\_, who refused to sign it.

Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_



## DO YOU HAVE A DISABILITY?

**FORM NUMBER** - 032-03-670

**PURPOSE OF FORM** - This form provides an opportunity for an applicant to identify any known conditions or disabilities, the worker to explain types of help the agency can offer, and rights of people with disabilities.

**USE OF FORM** – The form must be explained to each individual applying for TANF and signed by the applicant or worker prior to case approval. This form is used by the agency as an initial assessment of the individual's ability to participate in eligibility or employment-related activities.

**NUMBER OF COPIES** - Three.

**DISPOSITION OF COPIES** – The original is filed in the case record, a copy is sent to the VIEW worker when the client is referred to VIEW, and a copy is given to the applicant.

**INSTRUCTIONS FOR PREPARING FORM NUMBER OF COPIES** - Review the information on the form, assist the individual, as needed, in completing the section on known disabilities, and explain federal protections and avenues of complaint. If the applicant refuses to sign the form, the worker must complete the statement.

4/05

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
Temporary Assistance for Needy Families (TANF)  
Virginia Initiative for Employment  
Not Welfare (VIEW)

Locality \_\_\_\_\_

Case Number \_\_\_\_\_

Date of Mailing \_\_\_\_\_

**TANF 24-MONTH ADVANCE NOTICE OF PROPOSED ACTION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

DEAR \_\_\_\_\_:

Your TANF grant will be terminated effective \_\_\_\_\_ due to the expiration of the 24-month time limit on receipt of cash assistance unless you qualify for an extension as explained below. If you had a verified disability or had to care for a household member with a verified disability while participating in the VIEW program, your worker will determine if the disability prevented you from satisfactorily participating in VIEW. You and your children are not eligible for cash assistance again until 24 months after the effective date above or following termination of your transitional Medicaid coverage, or transitional transportation, whichever is later. (TANF Policy, Sections 901.9 and 901.11)

If you disagree with the action taken on your case you may ask for a conference with your worker whose name, address, and telephone number appear below, or you may ask for a fair hearing before the State Department of Social Services. The attached leaflet explains how to ask for a fair hearing.

If you appeal the proposed action on your case before the effective date above, assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the action being proposed by the agency. You may waive your right to continued assistance by submitting a written statement to your eligibility worker indicating your desire to refuse such assistance.

Under certain extreme circumstances, an extension of TANF benefits may be granted. To be considered for extended TANF benefits, you must contact your employment services worker and apply in writing for a specific "hardship exception." You must sign and date your request. This written request must be made prior to the effective date above. Not everyone is eligible for a hardship exception.

An extension of TANF benefits will be considered ONLY if:

- You have satisfactorily participated in VIEW activities while receiving TANF, and
- You have never been sanctioned in VIEW for failing to participate in assigned activities or for leaving employment, and
- You have not been sanctioned in VIEW more than once for reasons other than above; and

In addition, the reasons for hardship exceptions are LIMITED TO the following:

- You are already in an approved employment-related education/training program that will be completed within a year; or
- You live in an area of high unemployment (10% or higher); or
- You have lost your job through no fault of your own (such as, layoff); or
- You have not been able to find a job where the earnings are at least as much as your TANF grant plus \$90.

AGENCY REPRESENTATIVE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

**TANF 24-MONTH ADVANCE NOTICE OF PROPOSED ACTION  
032-03-368**

**PURPOSE OF FORM** – To inform a TANF family that their benefits will be terminated at the end of the 24<sup>th</sup> month, their right to appeal a case closure, and their right to request a hardship exception.

**NUMBER OF COPIES** – Two.

**DISPOSITION OF FORM** – The form must be mailed or available at the local agency in the case of an assistance unit which is homeless, at least 60 days before the effective date of the action, excluding the date of mailing and the effective dates. A copy of the completed form must be in the case record.

**INSTRUCTIONS FOR PREPARATION OF FORM** – Complete the agency information at the top and bottom of the letter, the case name and address, salutation, and the proposed effective date of termination. This date is the last day of the 24<sup>th</sup> month of assistance.

Commonwealth of Virginia  
Department of Social Services  
NOTICE OF INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name
	Case Number
	Locality Date

An investigation of your ☐ Temporary Assistance for Needy Families (TANF) case, or ☐ Food Stamp case has recently been completed. We have reason to believe you intentionally violated a program rule because (may be continued on reverse):

We have the following evidence to support our case against you (may be continued on reverse):

Therefore, a request for an Administrative Disqualification Hearing for the purpose of proving the above allegation will be made. This hearing determines whether you or another person in your household should be disqualified from participation in the program(s) checked above. Tell your worker if you have a disability or limited ability to speak and understand English and need to have special arrangements made to attend or present your case at the hearing.

You or your representative may look at the evidence at the local social services department by calling the number below to arrange a convenient time.

You have the right to an Administrative Disqualification Hearing prior to any action taken by the local Department of Social Services to disqualify you from receiving benefits. If you wish, you may waive your right to this hearing. By signing the attached waiver, you will be disqualified from receiving benefits for the period shown below whether or not you admit to the facts as presented.

Temporary Assistance for Needy Families (TANF)

☐ 6 months, 1st violation ☐ 12 months, 2nd violation ☐ permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

Food Stamps

☐ 6 months, 1st violation ☐ 12 months, 2nd violation ☐ permanently, 3rd violation  
☐ Other (Specify)

If you do not sign the attached waiver, an Administrative Disqualification Hearing will be held. If the hearing finds that you committed an Intentional Program Violation, you will be disqualified for the same period of time as shown above.

Neither signing the attached waiver nor holding the hearing shall prevent the State or Federal government from prosecuting you for an Intentional Program Violation in a criminal or civil court action, or from collecting the overpayment or overissuance. You have the right to remain silent concerning the allegations as anything said or signed by you could be used against you in a court of law.

Worker	Telephone	For Free Legal Advice Call
--------	-----------	----------------------------

**NOTICE OF INTENTIONAL PROGRAM VIOLATION – continuation**

**Page -2-**

## NOTICE OF INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-721

**PURPOSE OF FORM** - To advise a person that he/she is suspected of having committed an intentional program violation (IPV).

**USE OF FORM** - To be completed by the local agency to advise an individual that IPV is suspected. This form is sent with the Waiver of Administrative Disqualification Hearing.

**NUMBER OF COPIES** - Two.

**DISPOSITION OF FORM** - The original is sent to the individual suspected of committing IPV. The local agency retains a copy.

**INSTRUCTIONS FOR PREPARATION OF FORM** - Complete the identifying information at the top.

In the paragraph beginning "An investigation of your...", check the program involved in this notification (it may be either TANF or Food Stamps or both.)

The paragraph continues, "We have reason to believe ...." Describe the violation the household member allegedly committed.

In the paragraph beginning, "We have the following evidence ...," describe the evidence which supports the allegation.

Use back of form if necessary for these explanations.

In the paragraph describing the lengths of disqualification, check the blocks applicable to the program(s) involved in the IPV. For Food Stamps, enter the number of months in the disqualification period for the 1st and 2nd violations.

Sign the form and complete the information at the bottom.

**PAGE 41 INTENTIONALLY LEFT BLANK**

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

## VIEW NOTICE OF SANCTION/TERMINATION

Participant Name \_\_\_\_\_ Agency \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Case ID# \_\_\_\_\_

You did not participate as required in the Virginia Initiative for Employment Not Welfare (VIEW) Program. Participation includes maintaining employment as well as keeping appointments and carrying out assignments.

UNLESS YOU HAVE GOOD REASON FOR NOT PARTICIPATING, YOUR BENEFITS WILL BE STOPPED. THIS IS CALLED A SANCTION OR TERMINATION.

- ☐ Your household's entire **TANF** or **TANF-UP** benefits will be terminated because you:
- ☐ Did not appear for the Initial Assessment Interview on \_\_\_\_/\_\_\_\_/\_\_\_\_
  - ☐ Refused to sign the Agreement of Personal Responsibility.
- ☐ Your household's entire **TANF** or **TANF-UP** and Food Stamp benefits will be suspended due to sanction because you:
- ☐ Failed to keep your scheduled appointment on \_\_\_\_/\_\_\_\_/\_\_\_\_.
  - ☐ Failed to complete your assignment to \_\_\_\_\_.
  - ☐ Failed to maintain employment at \_\_\_\_\_.
  - ☐ Other: \_\_\_\_\_.

If you wish to discuss your reasons for not participating, and possibly stop the sanction/termination, you must get in touch with your worker/case manager by \_\_\_\_/\_\_\_\_/\_\_\_\_. If you call after the date shown, or if you do not call at all, you will lose your benefits.

If you are sanctioned and receive Food Stamp benefits, **your Food Stamp benefits may also be affected.**

The termination of **TANF** for failing to appear for the Initial Assessment or refusing to sign the Agreement of Personal Responsibility means that your **TANF** case will be closed until you reapply and are found eligible for **TANF/TANF-UP**.

Unless you take action to stop this process, the sanction/termination will last:

- ☐ For at least one payment month or until you participate, whichever is longer.
- ☐ For a minimum of 3 consecutive months and until you participate. (If you receive this sanction, you will not be eligible for a hardship exception.)
- ☐ For a minimum of 6 consecutive months and until you participate. (If you receive this sanction, you will not be eligible for a hardship exception.)

Your Eligibility Worker will let you know when the sanction or termination will begin.

VIEW Worker/Case Manager \_\_\_\_\_

Telephone Number \_\_\_\_\_



**NOTICE OF SANCTION/TERMINATION**  
**(032-02-307/1) (8/99)**

**PURPOSE OF FORM** - This form gives VIEW participants notice that they have failed to comply with program requirements, advises VIEW participants of the consequences of non-compliance, and advises them of how they may show good cause for non-compliance.

**USE FOR FORM** - This form **may** be sent to VIEW participants to inform them that they are not in compliance with VIEW program requirements and the reason why that determination was made. The form also states that the participant can contact the worker to explain why there was good cause for the non-compliance.

**NUMBER OF COPIES** - Original and one copy

**DISPOSITION OF COPIES** - Original - Mailed to VIEW Participant  
Copy - Case Record

**INSTRUCTIONS FOR PREPARING FORM**

This form provides the VIEW participant with written notice that the participant has failed to comply with VIEW program requirements and the consequences of that non-compliance.

Check the appropriate block at the top of the form and complete the corresponding statement in sufficient detail for the VIEW participant to understand the reason he or she is considered to be out of program compliance.

Check the appropriate block at the bottom of the form to indicate the termination/sanction period.

Keep all responses to this notice in the case record, preferably attached to the notice.

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM**

Participant Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

ESW: \_\_\_\_\_

Date Request Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HARDSHIP EXCEPTION DETERMINATION FORM**

I. HARDSHIP REQUESTED (Check One)

☐ Factors Related to Job Availability are Unfavorable

☐ Actively Seeking Employment

☐ Employment-related Education/Training

☐ Loss of Employment Unrelated to Job Performance

☐ Application was timely: \_\_\_\_ Within 60 days \_\_\_\_ Not within 60 days due to disability reason

☐ Yes ☐ No Copy Of Request Attached

II. POLICY REVIEW (check applicable statement)

Excluding any sanctions improperly imposed:

☐ Has not been sanctioned for failing to satisfactorily participate in assigned activities (components)

☐ Has not been sanctioned more than once for failure to comply with program requirements (required interviews, assessments, etc.)

☐ Has never been sanctioned for leaving employment while in the VIEW Program

☐ Yes ☐ No Does the participant meet all three qualifying criteria?  
If yes, continue to Section III and IV. If no, the participant is ineligible for a hardship exception.

III. EVALUATION OF ELIGIBILITY FOR HARDSHIP EXCEPTION

☐ Yes ☐ No Meets the conditions of a 90 day hardship?

A. 90-Day Hardship Conditions

1. Actively Seeking Employment

☐ Unable to find employment that, when combined with all other sources of income, equals or exceeds the TANF grant plus the \$90 standard work deduction.

TANF Grant \_\_\_\_\_

Work Deduction: \$90

Total: \_\_\_\_\_

Employment: \_\_\_\_\_

Other Income: \_\_\_\_\_

Total: \_\_\_\_\_

☐ Satisfactorily participated in all job searching activities while in VIEW.

12/04

III. EVALUATION OF ELIGIBILITY FOR A HARDSHIP EXCEPTION - CONT'D

2. Loss of Employment Unrelated to Performance

- ☐ Has applied for unemployment compensation  
☐ Has lost employment for reasons other than performance (If sufficient quarters of employment existed, client would be eligible for unemployment compensation.)

☐ Yes    ☐ No    Meets the conditions of a 12 month hardship?

B. 12-Month Hardship Conditions

1. Employment-Related Education/Training

- ☐ Enrolled in employment-related education/training for at least 9 of the last 12 months.  
☐ Is making satisfactory progress in education or training.  
☐ Education/training is expected to be completed in 12 months or less.  
☐ Request is not for any of the following educational components: ABE, GED, ESL, High School.

2. Factors Related to Job Unavailability

- ☐ Participant has been actively seeking employment.  
☐ Unemployment rate in locality for last 2 quarters of available data has been 10% or greater.

IV. DISPOSITION

☐ Yes    ☐ No    Eligible for hardship exception? If not, why? \_\_\_\_\_

Approved: ☐ One year hardship for (Reason): \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved: ☐ 90 Day hardship for (Reason): \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Worker/Supervisor

Comments: \_\_\_\_\_

## HARDSHIP EXCEPTION DETERMINATION FORM

FORM NUMBER - 032-03-376

PURPOSE OF FORM - This form is designed to help the ESW determine if a VIEW participant is eligible for a Hardship Exception to the TANF 24 month time limit.

USE OF FORM - The form is completed when a request for a hardship exception has been received by the agency.

NUMBER OF COPIES - One original in case record.

INSTRUCTIONS FOR COMPLETION OF FORM - Section I documents which hardship exception is being requested. A copy of the request should be attached to the form.

Section III documents the particular policy requirements for individual 90 day and 12 month hardship exceptions. To qualify for a hardship exception, the conditions must be met.  
(Check "yes").

Section IV documents the final determination of whether a VIEW participant who has reached the end of the 24 month time limit is eligible for a particular hardship exception.

10/04

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES (VIEW)

PARTICIPANT NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTICE OF HARDSHIP EXCEPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR REQUEST FOR A HARDSHIP EXCEPTION TO THE TANF 24 MONTH TIME LIMIT HAS BEEN  
APPROVED / DENIED (CIRCLE ONE) FOR THE FOLLOWING REASON(S):

\_\_\_\_\_  
\_\_\_\_\_

IF APPROVED, THE EXTENSION OF TANF BENEFITS IS FOR A \_\_\_\_\_  
PERIOD, BEGINNING \_\_\_\_\_, AND ENDING \_\_\_\_\_.  
YOUR REASSESSMENT APPOINTMENT WITH YOUR VIEW WORKER IS \_\_\_\_\_,

\_\_\_\_\_. YOU MUST SHOW UP FOR THIS APPOINTMENT  
MONTH DAY YEAR IN ORDER TO CONTINUE RECEIVING TANF  
BENEFITS.

YOUR EXTENSION OF TANF ASSISTANCE IS CONDITIONAL BASED UPON THE FOLLOWING:

- (1) YOU MUST CONTINUE TO MEET THE TANF AND VIEW PROGRAM REQUIREMENTS.
- (2) YOU MUST CONTINUE TO MEET THE CONDITIONS UNDER WHICH THE HARDSHIP HAS BEEN GRANTED.
- (3) IF YOU DO NOT COMPLY WITH PROGRAM REQUIREMENTS, YOUR HARDSHIP WILL END AND YOUR TANF BENEFITS WILL TERMINATE.

VIEW WORKER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR VIEW WORKER. IF YOU DISAGREE WITH THE  
PROPOSED ACTION, YOU MAY CONTACT YOUR WORKER TO ASK FOR A CONFERENCE, OR YOU MAY  
REQUEST IN WRITING A HEARING TO APPEAL THE ACTION.

APPEALS SHOULD BE SENT TO: MANAGER, APPEALS AND FAIR HEARINGS  
VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
7 NORTH EIGHTH STREET  
RICHMOND, VIRGINIA 23219-3301

## NOTICE OF HARDSHIP EXCEPTION

FORM NUMBER - 032-03-377

PURPOSE OF FORM - This form provides a VIEW participant who has applied for any of the hardship exceptions with a written decision on his application.

USE OF FORM - This form is used to notify a VIEW participant of the decision on his application for a hardship exception to the 24 months TANF time limit. The form will be used for both approvals and denials of hardship exceptions.

NUMBER OF COPIES - One original and two copies.

DISPOSITION OF COPIES - Original - mailed to VIEW participant.  
One copy - filed in VIEW case record.  
One copy - eligibility worker.

### INSTRUCTIONS FOR PREPARATION OF FORM

The form will be completed by the VIEW worker with the appropriate identifying information (participant name, case number, date) and the VIEW participant's name and address.

The hardship will be approved or denied, with the VIEW worker circling the correct choice, stating the reason(s) for the approval or denial, and establishing the time frame for the hardship, if approved. The worker will also set a reassessment appointment, which the participant must keep. If the hardship is denied, the worker will state the reason(s) why, and cross through the information on the extension of benefits and the reassessment appointment. The VIEW worker's signature and telephone number are required.

This form must be mailed to the applicant within 30 days **of receipt of the participant's hardship request for an exception.**

6/01

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF SOCIAL SERVICES**  
Temporary Assistance for Needy Families (TANF)  
Food Stamp Employment and Training Program (FSET)

Case Name: \_\_\_\_\_

Case I.D.# \_\_\_\_\_

**CONTACT SHEET**

WORKER NAME OR NUMBER	DATE (M.D.Y)	CIRCLE ONE	PERSON(S) CONTACTED	CIRCLE ONE	RECORD BRIEF INFORMATION ABOUT EACH CONTACT* PLEASE PRINT.
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			

\*This form may replace the case narrative if it is used to record all case information.

032-02-078/5 (7/00)

6/01

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF SOCIAL SERVICES**  
Temporary Assistance for Needy Families (TANF)  
Food Stamp Employment and Training Program (FSET)

Case Name: \_\_\_\_\_

Case I.D.# \_\_\_\_\_

**CONTACT SHEET**

WORKER NAME OR NUMBER	DATE (M.D.Y)	CIRCLE ONE	PERSON(S) CONTACTED	CIRCLE ONE	RECORD BRIEF INFORMATION ABOUT EACH CONTACT* PLEASE PRINT.
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field Letter			
		Other			

\*This form may replace the case narrative if it is used to record all case information.



CONTACT SHEET

FORM NUMBER – 032-02-078

PURPOSED AND USE OF FORM – This form provides a record of each case action and each client and collateral contact.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Original is maintained in the registrant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM

This form includes all contacts of any kind with TANF recipient and any case action taken. These include, but are not limited to, interviews with the participant, other contacts (letters, notices, phone calls) with the date a participant begins or leaves an assigned activity.

This form may replace the case narrative. If the form is used to replace the case narrative, it must include all pertinent case information.

7/04

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAM  
COMMUNICATION FORM

REGISTRANT \_\_\_\_\_  
CASE NAME \_\_\_\_\_  
CASE NUMBER \_\_\_\_\_  
☐ FSET ☐ GR ☐ TANF ☐ TANF-UP

TO \_\_\_\_\_, EW  
FROM \_\_\_\_\_, ESW

Date \_\_\_\_\_  
Reply Needed By \_\_\_\_\_

☐ Reevaluation of non-exempt/mandatory status is requested  
because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Individual has failed to comply with program requirements.  
Reason \_\_\_\_\_  
\_\_\_\_\_

☐ Volunteer no longer wishes to participate.

☐ Good cause does not exist.

☐ Individual will enter/entered employment on \_\_\_\_/\_\_\_\_/\_\_\_\_  
#Hours/week \_\_\_\_\_ Rate of pay \$ \_\_\_\_\_ Per \_\_\_\_\_  
Employer \_\_\_\_\_

☐ Notify ESW if aware of good cause reason.

☐ Comparability exists.

☐ Please send verification of employment.

☐ Sanction for (check appropriate answer)  
\_\_\_\_ Until notified of compliance \_\_\_\_ 3 months and compliance  
\_\_\_\_ 1 month and compliance \_\_\_\_ 6 months and compliance

☐ Individual will enter education or training activity  
on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Location \_\_\_\_\_

☐ Please provide the dollar amount of reduction due to employ-  
ment or sanction.

☐ Individual will be a participant in work experience. Please  
provide the FS or GR dollar amount for the month of \_\_\_\_\_  
\_\_\_\_\_

☐ Please notify when sanctioned individual has been added  
back to FS unit

☐ Other \_\_\_\_\_  
\_\_\_\_\_

TO \_\_\_\_\_, EW  
FROM \_\_\_\_\_, ESW

Date \_\_\_\_\_  
Reply Needed By \_\_\_\_\_

☐ Result of reevaluation of non-exempt/mandatory status

☐ Effective with payment on \_\_\_\_/\_\_\_\_/\_\_\_\_, benefits  
will be reduced from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

☐ Non-exempt/mandatory individual now exempt.  
Reason \_\_\_\_\_

☐ Individual appealed sanction. Pre-hearing conference scheduled  
For \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ (time)

☐ Volunteer no longer wishes to participate.

☐ Sanction ended effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Mandatory registrant has been added back to FS unit.

☐ Individual will enter/entered employment \_\_\_\_/\_\_\_\_/\_\_\_\_  
# Hours/week \_\_\_\_\_ Rate pay\$ \_\_\_\_\_ Per \_\_\_\_\_  
Employer \_\_\_\_\_

☐ Amount of FS allotment/GR payment for  
month of \_\_\_\_\_ was \$ \_\_\_\_\_

☐ Individual/household no longer eligible for FS or GR  
Case closed due to: (check one)  
☐ Sanction; ANPA sent  
☐ Employment; Benefit reduction/savings information  
provided below  
☐ Other \_\_\_\_\_  
Effective Date: \_\_\_\_\_

☐ Individual may be unable to participate in ESP/FSET program  
because \_\_\_\_\_  
\_\_\_\_\_

☐ New certification period:  
from \_\_\_\_\_ to \_\_\_\_\_

☐ Individual deleted from FS household due to:(check one)  
☐ Sanction: ANPA sent  
☐ Other \_\_\_\_\_  
Effective Date \_\_\_\_\_

☐ Individual can ☐ Read English ☐ Write English

☐ Other \_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

FORM NUMBER - 032-02-072

PURPOSE OF FORM – To exchange information about VIEW participants between the eligibility worker and the employment services worker.

USE OF FORM – Either the eligibility worker or the employment services worker may originate the form at the time circumstances change for the participant that require the exchange of information.

NUMBER OF COPIES – Three.

DISPOSITION OF FORM – This form is prepared in triplicate. Distribution of the top two copies is indicated on the form. The third copy remains attached to the copy being forwarded, in the event the receiving party uses the same form for reply.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the participant, the case name, case number and program are to be entered in the upper right hand corner by the worker originates the form.

The top half of the form is completed when messages must be communicated to eligibility staff from employment services staff. The employment services worker will check whichever block communicates the desired information or requests the desired information.

The bottom half of the form is completed when the eligibility staff is either returning the form to employment services with the requested information completed, or when the eligibility staff is communicating information to employment services. The eligibility worker will check whichever blocks are applicable to the situation.

10/04

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

**EXCHANGE OF INFORMATION FORM**

DATE: \_\_\_\_\_ CASE#: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

CLIENT ID: \_\_\_\_\_ MEMBER#: \_\_\_\_\_

FROM EW: \_\_\_\_\_

TO ESW: \_\_\_\_\_

\_\_\_\_ 24 MONTH ELIGIBILITY TERMINATION DATE: \_\_\_\_\_.

\_\_\_\_ APPEAL PRIOR TO 24 MONTH CLOSURE. CASE REMAINS OPEN UNTIL APPEAL RESOLVED.  
SCHEDULED APPEAL DATE: \_\_\_\_\_.

\_\_\_\_ APPEAL OF HARDSHIP DENIAL PRIOR TO 24 MONTH CLOSURE. CASE REMAINS OPEN UNTIL  
APPEAL RESOLVED.

\_\_\_\_ REAPPLICATION-PREVIOUS FAILURE TO SIGN AGREEMENT OF PERSONAL RESPONSIBILITY.  
SIGNED AGREEMENT ATTACHED. EFFECTIVE DATE OF TANF APPROVAL: \_\_\_\_\_.

\_\_\_\_ CLIENT VIEW STATUS CHANGED FROM \_\_\_\_\_ TO \_\_\_\_\_.

\_\_\_\_ CLOCK ADJUSTED TO: \_\_\_\_\_.

\_\_\_\_ OTHER: \_\_\_\_\_.

=====

FROM ESW: \_\_\_\_\_

TO EW: \_\_\_\_\_

\_\_\_\_ FIRST HARDSHIP \_\_\_\_ GRANTED FROM \_\_\_\_\_ TO \_\_\_\_\_.

\_\_\_\_ SUBSEQUENT HARDSHIP \_\_\_\_ GRANTED FROM \_\_\_\_\_ TO \_\_\_\_\_.

\_\_\_\_ HARDSHIP DENIED ON \_\_\_\_\_.

\_\_\_\_ HARDSHIP TERMINATED ON \_\_\_\_\_.

\_\_\_\_ EVALUATE CLOCK INDICATOR. NEEDS TO BE \_\_\_\_\_.

\_\_\_\_ EVALUATE CLOCK DATE. NEEDS TO BE \_\_\_\_\_.

\_\_\_\_ EVALUATION PARTICIPATION COUNTER. NEEDS TO BE \_\_\_\_\_.

\_\_\_\_ OTHER: \_\_\_\_\_.

## VIEW EXCHANGE OF INFORMATION FORM

FORM NUMBER - 032-03-375

PURPOSE OF FORM - This form provides the means by which the employment services and eligibility workers may communicate information related to hardships, appeals, case transfers, and corrections to clock information. It also provides the required case documentation for such information.

DESCRIPTION OF FORM - The heading of the form provides space for identifying information on the case. The top half of the form is for the use of the eligibility worker and the bottom half is for the use of the employment services worker. Workers need to maintain copies of the form in case records both at the time the form is sent and when a reply is received.

NUMBER OF COPIES - Original to receiving worker.  
One copy retained in case record by sending worker.

### INSTRUCTIONS FOR COMPLETING THE FORM:

1. Enter the current date, case number, case name, client name, client ID and member number in the case/client section.
2. The worker sending the form needs to complete the appropriate section of the form using their name and/or worker ID and the name and/or worker ID of the worker to whom the message is being sent.
3. The sending worker will check the appropriate message(s), complete any necessary information, and forward the form to the appropriate staff.
4. The receiving worker needs to act on the information or respond to the sending worker as soon as administratively possible.

**MEDICAL EVALUATION**

It is our goal to assist the individual named below in preparing for the transition from welfare to work. This person states that he/she is unable to work. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine occupations that this individual may be able to perform, even if there are some limitations.

Commonwealth of Virginia  
Department of Social Services  
Temporary Assistance for Needy Families (TANF)  
Virginia Initiative for Employment not Welfare  
(VIEW)  
Food Stamp Employment and Training Program  
(FSET)

Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
Agency Contact \_\_\_\_\_  
Phone # \_\_\_\_\_  
Case Number \_\_\_\_\_  
Case Name \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_--\_\_\_\_--\_\_\_\_ Phone#: \_\_\_\_\_

**WORK-RELATED LIMITATIONS:**

1. Date of examination on which this medical evaluation is based \_\_\_\_/\_\_\_\_/\_\_\_\_
2. In terms of working for pay / competitive employment and the patient's current health issue(s), check that which is **MOST** applicable at this time.

A. ☐ Patient is currently able to work.

↓  
Patient can currently work without limitations or modifications. Skip the remaining questions and sign at the bottom of page 2

B. ☐ Able to work with limitations and/or modifications at least 8 hours per week

↓  
Patient is able to work in a limited capacity and/or with modifications. Please complete the remaining questions.

↓  
Anticipated duration of limitation or modification (Check one)

- ☐ Less than 60 days  
☐ 60 – 90 days  
☐ Greater than 90 days. Specify duration: \_\_\_\_\_

C. ☐ Unable to work

↓  
Patient is unable to work in any capacity at this time. Please complete the remaining questions.

↓  
Anticipated duration of incapacity. (Check one)

- ☐ Less than 60 days  
☐ 60 – 90 days  
☐ Greater than 90 days. Specify duration: \_\_\_\_\_

3. Please indicate the primary medical reason for the patient's inability to work or need to work with modifications and/or limitations in the space entitled "primary diagnosis" provided below.

Primary Diagnosis: \_\_\_\_\_

If other medical issues contribute to the patient's inability to work or need to work with modifications and/or limitations, please record those in the space entitled "secondary diagnoses" provided below.

Secondary Diagnosis: \_\_\_\_\_



12/04

**WORK-RELATED LIMITATIONS (CONT'D):**

4. Check all areas that the patient currently has limitations in that result in his/her inability to work or result in his/her ability to work in a limited capacity or with modifications. Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Lifting objects greater than: _____ POUNDS (insert #)        | <input type="checkbox"/> Sitting for greater than 1 hour at a time   |
| <input type="checkbox"/> Bending over / stooping down / reaching for objects          | <input type="checkbox"/> Standing for greater than 1 hour at a time  |
| <input type="checkbox"/> Manual dexterity activities (typing, handling small objects) | <input type="checkbox"/> Walking distances greater than 50 feet      |
| <input type="checkbox"/> Hearing  | <input type="checkbox"/> Climbing four to six steps                  |
| <input type="checkbox"/> Vision   | <input type="checkbox"/> Driving an automobile                       |
| <input type="checkbox"/> Cognition  | <input type="checkbox"/> Interpersonal relationships with co-workers |

Other work limitations not listed above: \_\_\_\_\_

5. If the patient is unable to work at this time (see question #2 C on previous page), can he/she participate in any of the following at this point in time? Check all activities that the patient can presently participate in. For each that he/she can participate in, please indicate the number of days per week and hours per day that you think would be appropriate given his/her limitations.

ACTIVITY	Check here if patient can participate	Days per week	Hours per day
a. Classroom based activities leading to a GED or other certification	<input type="checkbox"/>		
b. Educational activities that address job etiquette, social skills, positive job behaviors, etc.	<input type="checkbox"/>		
c. Skills training in an occupation within his/her health-related limitations	<input type="checkbox"/>		
d. Resume writing and practice in completing job applications	<input type="checkbox"/>		
e. Participating in mock job interviews	<input type="checkbox"/>		
f. Job Searching (contacting employers; getting on a bus)	<input type="checkbox"/>		
g.	<input type="checkbox"/>		

**WORK-RELATED ADVISING:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 6. Have you advised the patient to reduce his/her work hours for health-related reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you advised the patient to take a leave of absence for health-related reasons?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you advised the patient to quit his/her job for health-related reasons?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you advised the patient to apply for disability?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**COMPLIANCE:**

10. If physical therapy, counseling, or other treatments were prescribed, is the patient complying? ☐ Yes ☐ No ☐ Don't know
11. Does the patient's condition hinder his/her ability to care for his/her children? ☐ Yes ☐ No
12. If medication was prescribed, is the patient complying? ☐ Yes ☐ No ☐ Don't know
13. If the patient reviewed this form, would it jeopardize his/her physical or emotional health or well being? ☐ Yes ☐ No
14. Does the patient require additional evaluation and/or assessment to determine his/her current and/or future work capacity?

☐ Yes

↓ (Check all that apply)

- ☐ Psychiatrist, psychologist or other mental health provider
- ☐ Rehabilitation professional – physical therapist, occupational therapist, speech-language pathologist, etc.
- ☐ Educational specialist
- ☐ Medical specialist – orthopedist, neurologist, etc.
- ☐ Other: \_\_\_\_\_

Print Name of Physician \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date form was completed

Signature of physician \_\_\_\_\_

(\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Physician's telephone number

Physician's address \_\_\_\_\_

---

## MEDICAL EVALUATION

FORM Number – 032-03-654

PURPOSE OF FORM – To provide medical information concerning the mental/physical condition of an applicant/recipient.

USE OF FORM – To be used by the local social services agency in securing medical information when a written statement is necessary to determine ability to work.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Submitted to the examining or treating physician and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PERPARATION OF FORM – The information at the top of the form is completed by the eligibility/VIEW worker prior to submittal of the form to the examining or treating physician. The information requested in Items 1 through 14 is entered by the examining or treating physician. For number 5, item g, the worker may fill this in with an activity not listed. The physician is to sign the form and also complete the identifying information in the appropriate spaces.



**EMPLOYMENT SERVICES PROGRAM FORMS  
VIEW**

[Contract Development Checklist](#) ..... 2

[Standard Contract](#) ..... 6

10/04

CONTRACTOR  
PERIOD OF PERFORMANCE  
AMOUNT:  
SERVICES PROVIDED:

CONTRACT DEVELOPMENT CHECKLIST

GENERAL CRITERIA:	YES	NO	COMMENTS:
Agency has identified the services or administrative functions needed and the reason for contracting. i.e., LDSS's work becomes more efficient.			
The service is not available in the community free of charge, or at no cost to agency.			
State or local Procurement procedures were followed. Note: If contracting with another State entity, agencies do not have to go out with an RFP.			
If agency has previously contracted with the provider, the following have been evaluated:			
Reports provided timely.			
Required outcomes met.			
If not, section plan developed for improved performance.			
Agency has developed internal procedures for screening and referral of customers to contractor. Staff and contractor have clearly defined procedures for handling absenteeism, lack of progress and other problems that may occur.			
Agency has linked required levels of performance with payment (accepting a minimum number of referrals, placement of target population, payment at designated phases of the contract).			

10/04

SCOPE OF SERVICES INCLUDES:	YES	NO	COMMENTS:
Explanation of the roles of the contractor and the agency in providing the service.			
Detailed summary of activities.			
Explanation of the contractor's responsibility regarding reports.			
Description of the numbers and kinds of customers who will receive the service. (i.e., age 25-35, volunteers, high school graduates, etc.).			
Statement of the time frame for the service including beginning and ending dates.			
Description of the specific outcomes anticipated for customers receiving the services, the number of participants to achieve those outcomes and the time frames outcomes will be achieved (i.e., average wage expected and the number obtaining employment, the number completing training, etc.).			
Detailed breakdown of all cost associated with the provision of the service.			
Description of the contract monitoring which will be carried out by the agency.			
Definition of what will constitute acceptable performance by the contractor.			
Description of the action taken both in regard to the contract and in regard to continuation of the service should performance be unacceptable.			

10/04

PROGRAM COMPONENTS: (Note: It is recommended that outcome measures for components should exceed that achieved by the agency without benefit of contracting.)			
JOB DEVELOPMENT & JOB PLACEMENT:	YES	NO	COMMENTS:
Number of customers to be referred identified.			
Outcome measures have been established for:			
Percentage/number to be placed.			
Average wage expected at placement or by end of follow-up.			
Percentage to retain for 30/60/90 days.			
JOB READINESS:			
Individual class size and total number of customers to be enrolled have been identified.			
Outcome measures have been established for:			
Percentage/number to complete the class.			
Percentage/number to find employment within 30/60/90 days.			
Retention services to be offered? (Optional)			
If so, retention outcomes specified for 30/60/90 days.			
JOB SKILLS TRAINING:			
Training is being offered for occupations in demand in the community.			
Individual class size and total number of customers to be enrolled has been identified.			
Outcome measures have been established for:			
Percentage/number to complete the training.			
Percentage/number to find employment within 30/60/90 days.			
Retention services to be offered? (Optional)			
If so, retention outcomes specified for 30/60/90 days.			

10/04

EDUCATION and TRAINING	YES	NO	COMMENTS:
Individual class size and total number of customers to be enrolled has been identified.			
Tools/methods for measuring progress have been identified (i.e., receipt of GED, pretest and periodic documentation of progress at mid-contract and end of contract period, grade level attainment, completion of competencies).			
Outcome measures have been established for:			
Percentage/number to show progress or successfully complete the curriculum.			
Percentage/number to have satisfactory participation on a monthly basis.			
COST EFFECTIVENESS:			
Contract has been evaluated for cost effectiveness.			
If applicable, contact cost per entered employment is equal to or less than the program cost (desktop review).			
If applicable, contract cost per participant is equal to or less than the program cost.			
If the service cannot be provided at a lower cost, the degree of difficulty in working with the targeted customer population requires intensive services to produce desired outcomes.			

CONTRACT

This Contract is made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by and between

\_\_\_\_\_  
(herein referred to as the "Agency")  
and

\_\_\_\_\_  
(herein referred to as "Contractor").

In order to implement the Agency's Employment Services Program, the parties of this Contract agree as follows:

(1) SCOPE OF SERVICES: The Contractor shall provide the services to the Agency indicated in the Attachment.

(2) TIME OF PERFORMANCE: The services of the Contractor shall commence \_\_\_\_\_ and terminate on \_\_\_\_\_

All time limits stated in this agreement are of the essence.

(3) COMPENSATION: The Contractor shall be paid by the Agency

Total obligation of the Agency in all forms of compensation shall not exceed \_\_\_\_\_ dollars.

(4) CONDITIONS OF PAYMENT: All services provided by the Contractor pursuant to this Contract shall be performed to the satisfaction of the Agency, and in accord with all applicable federal, state and local laws, ordinances, rules and regulations. Contractor shall not receive payment for work found by the Agency to be unsatisfactory, or performed in violation of federal, state or local laws, ordinances, rules and regulations. Contractor shall not receive payment for work found by the Agency to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rules or regulations.

(5) LIABILITY: The Contractor shall indefinitely, and hold harmless the Agency, and when applicable, its designated representatives, from any and all claims, suits, actions, liabilities and cost of any kind, caused by the performance by the Contractor of his/her work pursuant to this agreement.

Neither the Contractor, its/his employees, assignees or subcontractors shall be deemed employees of the Agency while performing under this agreement.

(6) GENERAL PROVISION: Nothing in this agreement shall be construed as authority for either party to make commitments which will bind the other party beyond the Scope of Service contained herein. Furthermore, the Contractor shall not assign, sublet, or subcontract any work related to this agreement or any interest he/it may have herein without the prior written consent of the Agency.

(7) INTEGRATION AND MODIFICATION: This Contractor constitutes the entire agreement between the Contractor and the Agency. Any alterations, amendments, or modifications in the provisions of this agreement shall be in writing, signed by the parties and attached hereto.

(8) TERMINATION: The Agency may terminate this agreement upon \_\_\_\_\_ days written notice to the other party. Upon this termination for convenience, the Contractor shall be paid only for those additional fees and expenses incurred between notification of termination and the effective date of termination that are necessary for curtailment of its/his work under this agreement.

In the event of breach by the Contractor of this agreement, the Agency shall have the right immediately, to rescind, revoke or terminate the agreement. In the alternative the agency may give written notice to the Contractor specifying the manner in which the agreement has been breached. If a notice of breach is given and the Contractor has not substantially corrected the breach within \_\_\_\_\_ days of receipt of the written notice, the Agency shall have the right to terminate this agreement.

In the event of recession, revocation or termination, all documents and other materials related to the performance of this agreement shall become the property of the Agency.

(9) COLLATERAL CONTRACTS: Where there exists any inconsistency between this agreement and other provisions of collateral contractual agreements which are made a part of this agreement by reference or otherwise, the provisions of this agreement shall control.

(10) NON-DISCRIMINATION: In his/its performance of this agreement, the Contractor warrants that he/it will not discriminate against any employee, or other person, on account of race, color, sex, religious creed, ancestry, age, or national origin.

(11) APPLICABLE LAWS: This agreement shall be governed in all respects, whether as to validity, construction, capacity, performance or otherwise, by the laws of the Commonwealth of Virginia.

(12) SEVERABILITY: Each paragraph and provision of this agreement is severable from the entire agreement; and if any provision is declared invalid, the remaining provisions shall nevertheless remain in effect.

(13) AUDIT: The Contractor shall retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period.

(14) AVAILABILITY OF FUNDS: It is understood and agreed between the parties herein that the agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

(15) RENEWAL OF CONTRACT: This contract may be renewed by the local agency upon written agreement of both parties for one successive year periods, under the terms of the current contract, and at a reasonable time (approximately 90 days) prior to the expiration.

(16) CHARITABLE CHOICE:\* **If this contract is with a faith-based organization, the participant has the right to refuse to actively take part in religious activities and can refuse the services of the faith-based organization.**

Standard Operating Procedures Guide.....	2
--	---



## GUIDE FOR DEVELOPMENT OF STANDARD OPERATING PROCEDURES FOR THE VIRGINIA INITIATIVE FOR EMPLOYMENT NOT WELFARE (VIEW) PROGRAM BY LOCAL DEPARTMENTS OF SOCIAL SERVICES

The goal of the VIEW Program is to assist program participants in obtaining employment with wages and benefits sufficient to make continued, or future, receipt of public assistance unnecessary (i.e. self-sufficiency). In conjunction with employment, it is the commitment of the Department to assist participants in obtaining additional skills, training and education as appropriate in order to enhance employability.

In working toward the accomplishment of the program goal, a number of local agencies have found it useful to put in place standard operating procedures for the program. The following outline is offered as a guide for agencies who have not yet developed standard operating procedures for the VIEW Program but who recognize the value of such an effort.

Communities have different needs and resources and these characteristics, as well as agency size, frequently dictate how programs are designed and implemented. For these reasons, the outline is not intended to be all-inclusive nor is it a "how to" formula. It may be considered as a checklist to be used to ensure that all major functions and activities necessary to operate a successful VIEW Program have been considered.

### A. Referral and Case Opening Procedures

1. Describe the procedure by which a potential participant is referred to the Queue.
2. Describe the steps for opening a case once it has been referred to the Queue and the time frame by which this must be done.
3. Describe the frequency with which the Queue will be accessed and monitored.

### B. Assessment

1. What methods will be used to identify and evaluate the participant's occupational skills, strengths, and weaknesses. Describe how this information will be used to assess immediate employability.
2. Describe procedures for conducting educational tests and assessments. Include the following in your description of the procedures:
  - What assessment tools will be used;
  - Types of tests used (e.g., TABE);
  - Criteria for determining who should be tested;
  - Incorporation of test results into case records;
  - Staff responsible for conducting assessment; and
  - Referral procedures if test and assessments are conducted outside of the agency.
3. If additional assessment information is gathered, how and by whom (e.g., DRS, VEC, Mental Health) and describe how this responsibility will be handled and how information will be integrated with agency's assessment.
4. How are the results reported and by what time period the results should be provided.

C. Self-Sufficiency Planning/Component Assignment

1. Describe the process by which the two-year plan of participation will be developed and how program components are assigned. Specify the appropriate forms and supportive documentation.
2. Describe the locality's approach to developing and maintaining a current list of local providers for each component.
3. Describe how the agency monitors program activities and evaluates them for effectiveness.

D. Social and Supportive Services

1. Develop a list of the specific services available to VIEW participants in your locality.
2. Describe the procedures used for gaining approval and access to specific services, indicating arrangement, and authorization for payment, and the responsible individuals at each step of the process.
3. If spending limits are set, describe how and why this was decided and describe what steps will be taken to assure equity for each participant.
4. Describe the locality's approach to developing and maintaining a list of current and potential service providers.

E. Monitoring Worker Performance

1. Explain how caseloads will be monitored using VIEW caseload reports available through the Employment Services Automated System (ESPAS), Mapper and other locally developed reports.
2. Describe how the agency will track the timely entry of information into ESPAS.
3. Describe procedures for supervisory oversight of "timeliness" and the utilization of the Action Due Report and any other management reports available to the agency.
4. Describe any locally developed procedures, such as case reading, used in monitoring program effectiveness.

F. Monitoring Participation and Progress

1. Describe the optimal timeframes the agency has set for completion of each component activity when applicable. Describe the methods and means (including forms) by which the agency monitors participant progress in each of the components.
2. Describe how the agency tracks and documents the participant's advancement in and completion of components.
3. Describe how the agency documents participation hours and how the documentation is maintained.

G. Sanctions and Compliance

1. Describe how the agency assures that participant's understand about non-compliance and its consequences, including the following:
  - What is sanctioning?
  - Why it is applied?
  - When it is applied?
  - How/when can a sanction can be lifted?
2. Describe the procedures the agency follows to see that participants follow their Activity and Service Plans.
3. Describe the actions taken by the agency when a participant is out of compliance. Include the following areas in the description:
  - Contact with participant and/or sanction/termination notice;
  - Evaluation of non-compliance;
  - Good Cause evaluation; and
  - Sanction, if required.
4. Describe the procedure for notifying eligibility to impose the sanction and for what time period.
5. Describe the procedures followed by VIEW staff once the sanction has been imposed by eligibility, including:
  - Closing of cases; and
  - Procedure for notifying eligibility to lift sanction when appropriate.

H. Monitoring & Program Evaluation

1. Describe how the locality assesses the program's progress toward meeting the following planned measures:
  - Participation rate, with priority given to TANF-UP households;
  - Entered employment rate;
  - Job retention rate; and
  - Entered employment wage.
2. Describe what steps are being taken to ensure full TANF-UP participation.
3. Describe tracking procedures, documentation, requirements, and supervisor/worker responsibilities for all facets of the agency monitoring process.

I. Data Entry

1. Describe the procedures followed by the agency in entering program data into ESPAS and any other information systems that may be used by the agency.
2. Identify individuals(s) responsible for data entry for VIEW participants from the time the case is opened to closure, and deadlines, for data entry.
3. Identify individuals responsible for reviewing the Queue.

J. Job Development

1. Describe what job development activities the agency has created and/or cultivated.
2. Describe how the agency determines which employers and occupations will be targeted for job development efforts.

3. Describe the methods the agency uses to contact prospective employers. (Are cold calls made to employers, Chambers of Commerce presentations, advertising campaigns, etc.)
4. Describe the procedures used to promote the employer's awareness of services provided by the VIEW Program.
5. Describe how participants are prepared for employer interviews by staff.
6. Describe the follow-up provided by staff to the employer and participant once a participant has been hired.
7. Describe the procedures that will be put in place to insure that feedback from the employer is utilized in improving program operations. (For example, the employer expresses concern about the skill level of a participant despite the fact that the participant has just completed training in the occupation for which she was hired.)
8. Describe procedures used by the agency in monitoring the effectiveness of job development activities.

K. Case Closure

Describe steps which must be carried out to close a case and time frames, including the following:

- responsibility for coding the supplement;
- responsibility for entering closure into ESPAS; and
- specify the supportive documentation

L. Contracts

1. Describe the process by which decisions are made to contract for VIEW Program services, the factors involved in making these decisions, and the level of responsibility for the decisions. Considerations should be given to the following issues:
  - Local procurement process;
  - Development of the contract, including clear outcome measures and quantifiable agency and contractor expectations;
  - Contract monitoring; and
  - Contract termination for non-performance
2. Describe the procedures and timeframes the agency will follow in providing Central Office with copies of the proposed contract.

M. Development and Updating of Local Plan

1. Describe the development of the local VIEW annual plan, including the roles played by the director, fiscal, and program staff.
2. Describe the circumstances under which changes are made to the plan, the process by which changes are made, including the roles played by the director, fiscal, and program staff.
3. Describe the process utilized by the agency to identify changes in the area's labor market, participant needs, and/or fiscal and community resources so that appropriate changes can be made to the agency's plan for program operation in the coming year.

N. Hardship Determinations

1. Describe what internal procedures are used in evaluating hardship requests.(e.g. evaluation team, individual worker, etc.
2. Describe how requests and dispositions of hardship exceptions are tracked and recorded.
3. Describe by what method Regional Coordinators are notified of hardship exception requests and dispositions.

*VIRGINIA INITIATIVE FOR EMPLOYMENT NOT  
WELFARE (VIEW) ANNUAL PLAN  
State Fiscal Year 2004  
July 1, 2003 to June 30, 2004*

*Submitted by:* \_\_\_\_\_  
*(Name of Local DSS)*

*Virginia Initiative for Employment  
Not Welfare (VIEW) Coordinator:* \_\_\_\_\_  
*(Signature) (Date)*  
\_\_\_\_\_  
*(Print Name)*

*Local Director:* \_\_\_\_\_  
*(Signature) (Date)*

*Date Received by the Virginia Department of Social Services:* \_\_\_\_\_

## VIEW Annual Plan

### Table of Contents

	Page Numbers
Purpose of the Plan	ii
State Fiscal Year 2004 VIEW Annual Plan Instructions	iii - iv
I. VIEW Program Description	1
A. VIEW Population	1
B. Employment Needs	1
C. Labor Market Trends	1
D. Community Work Experience (CWEP)	1
E. Full Employment Program (FEP)	1
F. Job Retention, Job Upgrade and Job Follow-up	1 – 2
G. Welfare -to- Work	2
H. Working With The Hard - To - Serve Population	2
I. Hardship Exceptions	2 - 3
J. Management and Monitoring	3
Mailing Instructions	3
II. VIEW Program Participation Summary - Attachment A	4 - 5
III. Contracts and Interagency Agreements Summary - Attachment B	6
IV. Employment Services Staff Report - Attachment C	7

## **State Fiscal Year (SFY) 2004 VIEW ANNUAL PLAN**

### **Purpose of the VIEW Annual Local Plan**

VIEW continues to be the centerpiece for Virginia's welfare reform program. The program is designed to assist participants in obtaining employment. The goals of the program are to:

- Offer Virginians living in poverty the opportunity to achieve economic independence by removing barriers and disincentives to work and providing positive incentives to work;
- Provide Virginia families living in poverty with the opportunities and work skills necessary for self-sufficiency;
- Allow Virginia families living in poverty to contribute materially to their own self-sufficiency;
- Set out the responsibilities of and expectations for recipients of public assistance and the government; and
- Provide Virginia families living in poverty with opportunity to obtain work experience through VIEW.

The VIEW plan provides each agency the opportunity to show how they have planned and evaluated strategies to meet the above goals for the next fiscal year, beginning July 1, 2003. The plan has a variety of purposes. It serves as a document to assist agencies in planning for the provision of services based on the allocation of funds from the state. It also serves as a monitoring tool for the state. Information from the local agencies can be shared as best practices. Agencies' projections will assist the planning efforts of the state.

Instructions are included. Local agencies may attach their Standard Operating Procedures (SOPs) to reduce or eliminate having to provide redundant information. Column L has been added to Attachment B, to identify vendors providing services for Job Retention and Wage Advancement Projects. On Attachment A, item Q a break down is requested for transitional employment and training.

The Annual Plan is due to Central Office by August 1, 2003.

## **VIEW Annual Plan**

### **Instructions**

#### **I. VIEW Program Description**

Review Section I and answer the questions. If the agency's SOPs (Standard Operating Procedures) include the information asked for in the VIEW Annual Plan, you may refer to the SOPs rather than restating the same information. If any answers refer to the SOPs, attach the SOPs to the Annual Plan. When referring to the SOPs be specific. (For example, see SOPs page 5, paragraph 2, item #1).

#### **II. Program Participation Summary - Attachment A**

Enter the agency's FIPS, the agency's name, a contact person's name, and phone number. The contact person is the person who completes the annual plan. The date submitted is the date sent received by Central Office. The fiscal year is 2004. Leave the revision number blank unless the agency is submitting a revision to the plan for the same fiscal year. All of the counts on Attachment A are annual projections for the period of July 1, 2003, to June 30, 2004.

### **Annual Projections - Attachment A**

#### **1. VIEW Participants**

For item 1.A, enter the total number of VIEW participants the agency expects to serve from July 1, 2003, to June 30, 2004. Do not include participants receiving transitional services.

For item 1.B, enter the total number of VIEW participants the agency expects to enter into employment for the period July 1, 2003, to June 30, 2004.

Item 1.B.1 is the number of participants the agency expects to enter into part-time employment.

Item 1.B.2 is the number of participants an agency expects to enter into full-time employment.

#### **2. Components**

Review the listed components A through P and enter the total number of VIEW participants the agency expects to serve in those components from July 1, 2003, to June 30, 2004.



In item Q, Transitional Services, enter the total number of participants the agency expects to provide transitional services to from July 1, 2003, to June 30, 2004. For number 1, 2 and 3 enter the number of participants the agency expect to provide transitional employment and training, transitional child care and transitional transportation services.

### **3. Hard-To-Serve**

For A, enter the total estimated number of participants with barriers to employment that the agency expects to serve from July 1, 2003, to June 30, 2004. This is a count of all clients who may have at least one of the listed barriers under the heading Hard-To-Serve. This is an unduplicated number.

For items 1 through 8, enter the number of participants the agency expects to serve that may face the specific barriers. These numbers may be duplicated because participants may have more than one barrier. Add the numbers for items 1 through 8 and enter the sum in item 9.

### **4. Hardship Exceptions**

For item 4.A, enter the number of participants the agency expects to reach their 24-month time limit for the period of July 1, 2003 to June 30, 2004.

For item 4.B, enter the number of requests for Hardship Exceptions the agency expects to receive for the period of July 1, 2003, to June 30, 2004.

For item 4.C, enter the number of Hardship Exceptions the agency expects to be granted for the period of July 1, 2003, to June 30, 2004.

For item 4.C.1 through 4, enter the number of Hardship Exceptions the agency expects to be granted by reason for the period of July 1, 2003, to June 30, 2004.

## **III. Contracts and Interagency Agreements Summary -Attachment B**

List each activity for which the local agency has a contract or an agreement on Attachment B.

## **IV. Employment Services Staff Report - Attachment C**

Record the number of positions the agency has and the percentage of time that a position works with the VIEW Program.

## **I. VIEW Program Description**

### **A. VIEW Population:**

1. Briefly describe the VIEW population in your locality.

### **B. Employment Needs:**

1. Describe the employment needs of the VIEW population in your locality.

### **C. Labor Market Trends:**

1. Describe the current and anticipated labor market trends in your locality.

### **D. Community Work Experience (CWEP):**

1. Describe the process for developing sites. Who is responsible for the development of sites? How many have been developed?
2. Describe the process for matching participants with the CWEP sites. List all of the agency's CWEP sites that the agency has a current contract with. What is the nature of work done by participants at the site?
3. Describe the process for monitoring work experience placements and indicate who has responsibility for monitoring.

### **E. Full Employment Program (FEP):**

1. Describe how your locality will utilize this activity.
2. What strategies have been used for marketing and development of the sites?
3. How is the monitoring of placements be accomplished?

### **F. Job Retention, Job Upgrade and Job Follow-up:**

In order to ensure participants are able to earn wages that will allow them to be self-sufficient after receipt of 24-months of Temporary Assistance for Needy Families (TANF), localities must develop strategies which allow participants to retain jobs and improve their monthly earnings during their participation in the VIEW Program. Below, please describe the strategies used to improve job retention and earnings.

1. Describe the process which the agency uses to assist participants in retaining employment.
2. Describe the activities in your job readiness classes that are designed to facilitate job retention and upgrade.
3. Describe the process the agency uses to provide job follow-up assistance to participants to identify and address problems which could lead to termination.
4. Describe supportive services available in your locality and how they are delivered to employed participants to enable them to look for and obtain better paying jobs and/or promotions.
5. Describe how the agency will determine if the participant voluntarily quit a job without good cause.

G. Welfare-to-Work:

1. Describe the criteria used to determine which clients will be referred to the Welfare-to-Work Program and the referral process.
2. Describe any strategies the agency has developed to encourage this population to actively participate in the WIA Program.
3. Describe the process of monitoring VIEW clients' participation in this program.

H. Working With The Hard-To-Serve Population:

1. Describe the characteristics of the hard-to-serve in your locality.
2. Describe the agency's plan to work with the hard-to-serve.
3. Describe the resources in your area that your agency utilizes in serving the hard-to-serve population.
4. Describe the flow of your program for the hard-to-serve when there is suspicion of substance abuse, a learning disability or any other situation the client may have that is a barrier to obtaining and retaining employment.

5. Describe how your agency tracks a hard-to-serve client's progress.
6. Describe how your agency has partnered with other organizations and agencies in your service area to serve the hard-to-serve.

I. Hardship Exceptions:

1. Describe the process the agency uses for determining eligibility for hardship exceptions and indicate who is responsible for the determination (individual worker or panel).
2. Describe any special services provided to participants receiving extended TANF benefits due to a hardship exception.
3. Describe who is responsible for obtaining hardship determination evaluations and providing them to the Regional Consultant.

J. Management and Monitoring:

1. Describe the procedure for ensuring that participants will be assessed within thirty days of the eligibility referral. How is this tracked and who is responsible for tracking?
2. Describe how the agency is ensuring that all VIEW participants are in a work activity by the 95<sup>th</sup> day of referral from the eligibility worker. Who is responsible for tracking this?
3. Describe how the locality ensures that all clients are continually assigned to a work activity.
4. List your contracts and the services each contract provides. Describe the locality's process for monitoring contracts. How are the expenditures tracked and how often? Who is responsible for developing and monitoring contracts? (Do not list fees in this response. Attachment B requests fees and other data.)

5. Describe how the agency tracks the annual plan to determine if performance measures are being met. Who is responsible for tracking the performance measures?

## **II. VIEW Program Participation Summary - Attachment A**

Please follow the enclosed instructions for this section on pages iii and iv.

## **III. Contracts and Interagency Agreements Summary - Attachment B**

It is very important to capture the data and information regarding contractors and the services they provide that assist clients in the VIEW Program. Please complete Attachment B to provide this information.

## **IV. Employment Services Staff Report - Attachment C**

Attachment C is used to capture information on the staff and their position titles. It is also used to review the breakdown in caseloads when workers are working with more than one program.

***The completed plan must be sent to Chris Raines, Program Consultant, TANF Unit, 730 E. Broad Street, Richmond, VA 23219.***

<b>VIEW PROGRAM PARTICIPATION SUMMARY</b>	
<b>ATTACHMENT A</b>	
<b>FIPS# _____</b>	
Local Agency Name _____  Contact Person _____  Phone # _____	Date Submitted _____  Fiscal Year <b>2004</b> Revision # _____  From <b>7/1/03</b> To <b>6/30/04</b>
	Annual Projections
	Participants
<b>1. VIEW PARTICIPANTS</b>	
A. Total # of VIEW Participants	
B. Total Participants Entering Employment	
1. Part - time Employment	
2. Full - time Employment	
<b>2. COMPONENTS</b>	
A. Job Search	
B. Job Readiness	
C. Education (ESL)	
D. Education (GED)	
E. Education (ABE)	
F. Education (High School)	
G. Post Secondary - Associate	
H. Post Secondary - Certificate	
I. Post Secondary - 4 Year Degree	
J. Job Skills Training	
K. On-the-Job Training (OJT)	
L. Work Experience (CWEP)	
M. Other Locally Developed	
N. Job Development and Job Placement	
O. Inactive	

Attachment A continued

P. Pending (Not Employed)	
Q. Transitional Services	
1. Transitional Employment /Training	
2. Transitional Child Care	
3. Transitional Transportation	
<b>3. HARD TO SERVE</b>	
A. Total # of Participants w/Barriers	
1. Substance Abuse	
2. Learning Disabilities	
3. Domestic Violence	
4. Physical Disabilities	
5. Mental Retardation	
6. Language Barriers	
7. Mental Illness	
8. Other (List)	
9. Total # of Barriers	
<b>4. HARDSHIP EXCEPTIONS</b>	
A. Participants That Will Reach the 24-Month Time Limit	
B. Participants Requesting a Hardship	
C. Participants Who Will Be Granted A Hardship	
1. Actively Seeking Employment	
2. Factors Relating to Employment Unfavorable	
3. Extension to Complete Education and Training	
4. Lost Employment Due to Factors Unrelated to Job Performance Inactive	

**Contracts and Interagency Agreements Summary**

Contracts and Agreements

Separate reimbursable contracts will be developed for VIEW even if the same contractor is used.

For each activity for which the local agency has a contract or an agreement list **enter on the form below**.

(A) Contractor/ Agency	(A1) FB	(B) Component	(C) Fixed Fee	(D) Performance Based	(E) Cost Based	(F) Number Served	(G) Contract Amount	(H) Public Non- profit	(I) Private For Profit	(J) Contract Period	(K) Job Placements	(L) JR/WA
Totals												

- |  |   |
|--|---|
| (A) List Contractor/Agency by Name.                  | (G) Enter applicable Amount to be paid to the contractor.   |
| (A1) Faith Base Organization (Place an x in the box) | (H - I) Enter "yes" or "no"   |
| (B) List Component/Service by Type.                  | (J) Effective Contract Dates (From: xxxx To: xxxx).   |
| (C - E) Enter "yes" or "no" .                        | (K) Number of planned job placements, if appropriate.   |
| (F) Enter the number of clients served.              | (L) <b>Enter Yes or No. Does this provider provide services for Job Retention /Wage Advancement projects?</b> |



**VIEW Annual Plan  
Attachment C**

**Agency \_\_\_\_\_ FY 2004**

### **Employment Services Staff Report**

Position Title	% VIEW	% Other Programs

VIEW BROCHURES

<a href="#">Have You Heard About Benefits For Working Families (032-01-155/2)</a> .....	2
<a href="#">Leaving Welfare For Work Isn't As Scary As It Seems (032-01-154/2)</a> .....	6

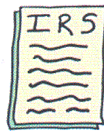
# HAVE YOU HEARD ABOUT BENEFITS FOR WORKING FAMILIES???



**MEDICAID COVERAGE FOR CHILDREN**



**EARNED INCOME TAX CREDIT**



**FREE HELP WITH FILING TAX RETURN**



**FOOD STAMPS**



**CHILD CARE ASSISTANCE**



**ASSISTANCE WITH CHILD SUPPORT**

**READ ON TO LEARN ABOUT BENEFITS  
THAT CAN HELP LOW INCOME FAMILIES WITH CHILDREN!**

!-01-155/2 (4/02)

# HEALTH COVERAGE



## MEDICAID BENEFITS FOR CHILDREN IN LOW INCOME WORKING FAMILIES

- ✓ Hospital care
- ✓ Visits to the doctor
- ✓ Preventive care
- ✓ Medicine
- ✓ Dental care for children
- ✓ Immunizations
- ✓ Eyeglasses

**Medicaid eligibility for children is based on income, age of children and citizenship.** Children under age 19 may get Medicaid. Income limits are higher for children under age 6.

### EXAMPLES:

In 2001, a mother with two children **under age 6** can have countable income of **\$1,621** a month and get Medicaid coverage for both children.

If the two children are **under age 19**, she can have countable income of **\$1,219** a month and still get Medicaid coverage for her children.

- Children under age 19 may get Medicaid.
- Children do not have to be on welfare to get Medicaid.
- Children may get Medicaid even if both parents live in the home.
- One or both parents can work full time and the children may still get Medicaid
- Children may get Medicaid even if their family has a car, a house and a savings account.
- A family with health insurance may still get Medicaid for their children.

To obtain Medicaid coverage for children, an application must be filed providing information such as the family's income and age verification for the parent(s) and children. A family can apply at their local Department of Social Services and, in some areas, they can apply at a regional hospital, a health department or a rural health clinic.

## EARNED INCOME TAX CREDIT



Low income families (with children) who work part time or full time can get more take home pay through the Earned Income Tax Credit (EITC). The amount of extra money depends on income and family size. In 2001, a family with two or more children can earn up to \$32,121 a year and qualify for the EITC.

**A family does not have to owe any taxes to get the EITC.**

There are two ways a family can get the extra EITC money.

- ✓ They can get all the extra EITC money when they file their federal tax return.

OR

- ✓ They can get part of the extra EITC money **in advance** with each paycheck and the rest when they file their tax return.  
To get the extra money in advance with each paycheck, the employee must file Form W-5 with their employer. Employees can get Form W-5 from their employer. (It does not cost the employer any money because it is taken out of the employee's federal withholding taxes.)

**EXAMPLE:** In 2001, a family (with two children) with gross income between \$895 and \$1,091 a month can get \$4,008 in extra EITC money. The family can get the \$4,008 when they file their federal tax return or they can get \$121 per month and the remaining \$2,556 when they file their federal tax return.

The EITC money is not counted as earned income when applying for Medicaid, Temporary Assistance for Needy Families (TANF), Food Stamps, Supplemental Security Income (SSI) or housing assistance.

To get the EITC a family **must** file a federal tax return. **FREE help is available to file tax returns.** Call the IRS at 1-800-829-1040 and ask where you can get help. (If it is busy, don't give up - keep calling because it is worth it to get free help with your tax return!)



## CHILD CARE

**Assistance with child care may be available.**

A family with limited income may qualify for child care assistance.

Due to limited funding, the family may be placed on a waiting list. A family can get information on child care assistance at their local Department of Social Services.



## FOOD STAMPS

**Low income families may qualify for Food Stamps while working full time.** For example, in 2001, a family of three with gross income of **\$1,585 or less** a month may qualify to receive Food Stamps.



## CHILD SUPPORT



The district Child Support Office can help custodial parents obtain child support payments from absent parents. They can also assist in obtaining medical support and in establishing paternity.

- A parent does not have to be on welfare to get help in collecting child support or to receive other child support services.
- There are no guarantees that money will be collected, but getting help from Child Support Enforcement can improve the chances of success.
- Services do not include custody, visitation or other matters.
- There is no charge for services provided by Child Support Enforcement.  
(For more information, call your district Child Support Office.)

To learn more about benefits available for low income working families,  
call your local Department of Social Services.

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES.**

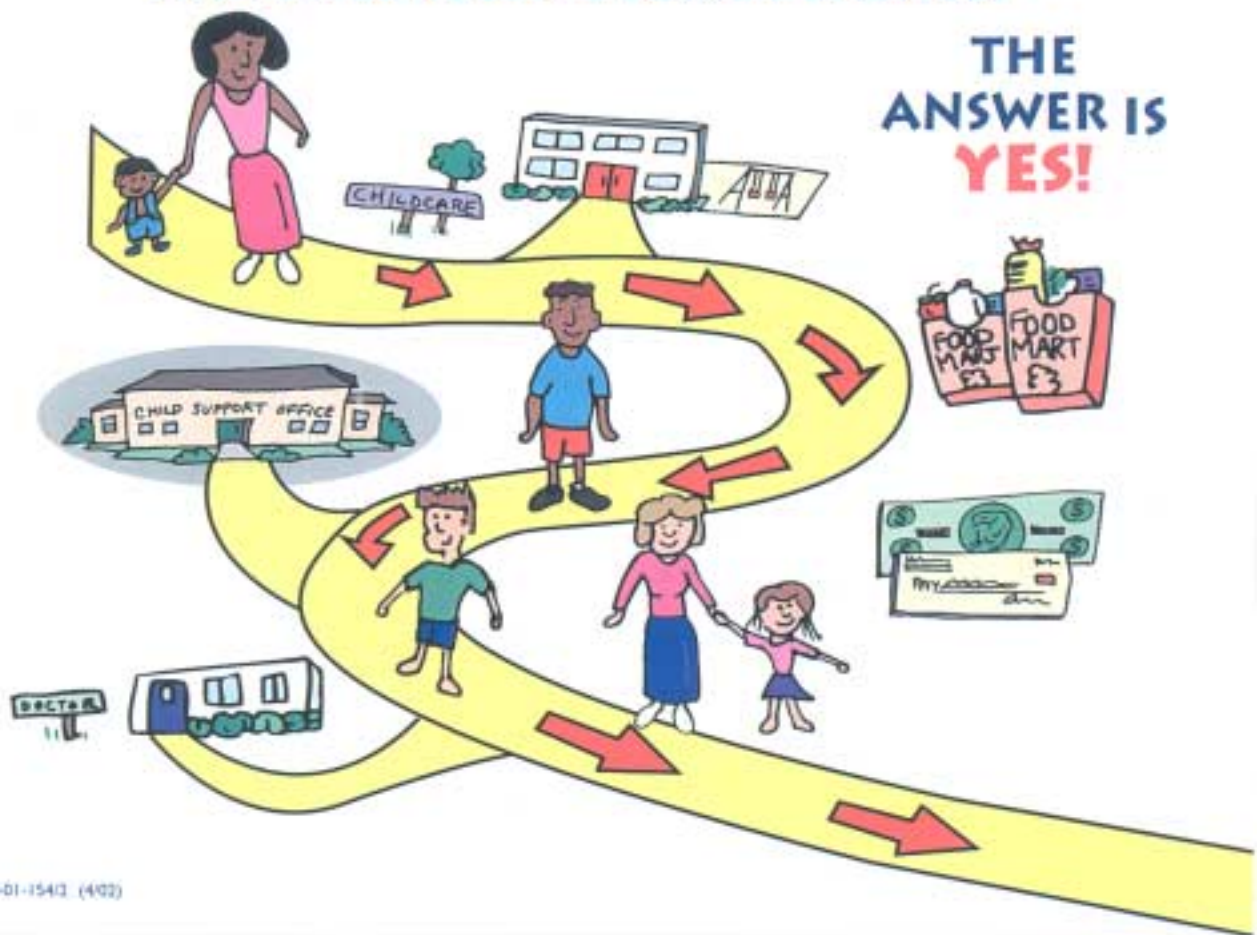


Design: Southern Institute on Children and Families/Slaben. Permission granted by the NC Department of Human Resources

# LEAVING WELFARE FOR WORK ISN'T AS SCARY AS IT SEEMS

DID YOU KNOW YOU COULD WORK **FULL TIME**  
AND STILL RECEIVE SOME BENEFITS?

THE  
ANSWER IS  
**YES!**



032-01-15413 (4/03)



## WHAT ARE THE BENEFITS FOR FAMILIES WHO LEAVE WELFARE FOR WORK?

- **Medicaid** (doctor visits, medicine, hospital care, and checkups)
- **More take home pay**
- **Child care assistance**
- **Food Stamps**
- **Child Support**

## HEALTH COVERAGE



Families who get off of welfare because of work may still get family health coverage for parents and children for up to 1 year! It's called **Transitional Medicaid**.

**After 1 year**, depending on family income, the children are still likely to get health coverage through Medicaid - especially if they are under the age of six.

### EXAMPLES:

In 2001, a mother with two children **under age 6** can have countable income of **\$1,621** a month and get Medicaid coverage for both children.

If the two children are **under age 19**, she can have countable income of **\$1,219** a month and still get Medicaid coverage for her children.

## MEDICAID FOR CHILDREN IN LOW INCOME WORKING FAMILIES

- ✓ Children under age 19 may get Medicaid.
- ✓ Children do not have to be on welfare to get Medicaid.
- ✓ Children may get Medicaid even if both parents live in the home.
- ✓ One or both parents can work full time and the children may still get Medicaid.
- ✓ Children may get Medicaid even if their family has a car, a house and a savings account.
- ✓ A family with health insurance may still get Medicaid for their children.



## EARNED INCOME TAX CREDIT



Low income families (with children) who work part time or full time can get **more take home pay** through the Earned Income Tax Credit (EITC). The amount of extra money depends on income and family size. **A family does not have to owe any taxes to get the EITC.**

There are two ways a family can get the extra EITC money.

✓ They can get all the extra EITC money when they file their tax return.

OR

✓ They can get part of the extra EITC money **in advance** with each paycheck and the rest when they file their tax return.

To get the extra money in advance with each paycheck, the employee must file Form W-5 with their employer. Employees can get Form W-5 from their employer or case worker. (The advance does not cost the employer any money because it is taken out of the employee's federal withholding taxes.)

**EXAMPLE:** In 2001, a family (with two children) with gross income between \$895 and \$1,091 a month could get \$4,008 in extra EITC money. The family could get the \$4,008 when they file their federal tax return or they could get \$121 per month and the remaining \$2,556 when they file their federal tax return.

To get the EITC a family **must** file a federal tax return. **FREE help is available to file tax returns.** Call the IRS at 1-800-829-1040 and ask where you can get help. (If it is busy, don't give up - keep calling because it is worth it to get free help with your tax return!)

### WHICH IS MORE?



#### WELFARE

In 2001, a parent (with two children) on welfare without a job and no other income could get **\$3,840** for the entire year.



#### EITC + PAYCHECK

If the same parent went to work earning **\$13,092** a year (\$1,091 per month), the parent would get a pay check **plus \$4,008** in extra EITC money.

There's more good news! The EITC money is not counted as earned income for Medicaid, Temporary Assistance for Needy Families (TANF), Food Stamps, SSI or housing assistance.

## CHILD CARE

Depending on income, parents who get off welfare because of work may get some help with child care expenses for up to 12 consecutive months, beginning with the first month in which they are no longer on welfare! The parent **must ask** for help with child care expenses. It's called **Transitional Child Care (TCC)**.

**After 12 consecutive months of being off welfare**, the parent might still be able to get some help. The parent will still have to pay a fee.



## FOOD STAMPS

Parents who get off welfare because of work may still receive some assistance through the Food Stamp program.

Example: In 2001, a family of three with a total gross income of \$1,585 or less a month may qualify to receive Food Stamps.



## CHILD SUPPORT



The district Child Support Office can help custodial parents obtain child support payments from absent parents. They can also assist in obtaining medical support and in establishing paternity.

- A parent does not have to be on welfare to get help in collecting child support or to receive other child support services.
- There are no guarantees that money will be collected, but getting help from Child Support Enforcement can improve the chances of success.
- Services do not include custody, visitation or other matters.
- There is no charge for services provided by Child Support Enforcement.  
(For more information, call your district Child Support Office.)

**SO, YOU SEE, FAMILIES DON'T LOSE ALL OF THEIR BENEFITS  
WHEN THEY LEAVE WELFARE FOR WORK. THEY MAY STILL GET:**

- EITC Cash
- Child Care
- Medicaid
- Food Stamps

To learn more about leaving welfare for work (including getting child support), call your local Department of Social Services.

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES.**



Design: Southern Institute on Children and Families/Shiben. Permission granted by the NC Department of Human Resources.

**Virginia Department of Social Services  
Temporary Assistance for Needy Families (TANF) Displacement Grievance Form  
Virginia Initiative for Employment not Welfare (VIEW)**

Date \_\_\_\_\_

Name of Employee \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone # \_\_\_\_\_ Best Time To Call \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
(Whom grievance is filed against)

Employer's Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Brief description of grievance, include dates. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

All of the above information is correct to the best of my knowledge.

Displacement means employing or assigning a Temporary Assistance to Needy Families (TANF) Community Work Experience Placement (CWEP), Full Employment Program (FEP) or other subsidized employment participant when: 1) The employer has terminated the employment of an employee, or the employee's current position, or otherwise caused an involuntary reduction in its work force in order to fill the vacancy with a subsidized participant, 2 ) An individual is hired while another person is on layoff, including seasonal layoff, from the same or substantially equivalent position; 3) The employer has reduced the hours of an employee in the same or substantially equivalent position to less than full time in order to employ or assign a subsidized participant; or; 4) The employment or assignment results in the impairment of an existing contract for services.\* The Virginia Department of Social Services will act as a mediator to assist in resolving the grievance. Any suggestions made by the Department of Social Services are not binding to either party.

This form must be received by the Virginia Department of Social Services no later than sixty days after the alleged incident of Displacement.

Mail to: Virginia Department of Social Services  
730 East Broad Street  
TANF Unit 7<sup>th</sup> Floor  
Richmond, Virginia 23219

\* 45 CFR 261.70 (a)